



UNIVERSITY OF <sup>TM</sup>  
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**An Exploration of Mental Health in Post-Colonial Times: Perspectives from a selected sample of community members within iLembe district in KwaZulu-Natal.**

By

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Research thesis submitted in partial fulfilment of the requirements for the degree Master of Social Science (Research Psychology), School of Applied Human Sciences, College of Humanities  
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**COLLEGE OF HUMANITIES**  
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## **ABBREVIATIONS**

CMDs	Common Mental Disorders
IPV	Intimate Partner Violence
HDSA	Historically Disadvantaged South Africans
NSFAS	National Student Financial Aid Scheme
HAALSI	Health and Aging in Africa: A Longitudinal Study of an INDEPTH Community in South Africa
HSSREC	Humanities and Social Sciences Research Ethics Committee
SASH	South African Stress and Health survey

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# **CHAPTER 1**

## **Introduction**

### **1.1 Introduction to Research Study**

South Africa, a country that has experienced a tumultuous, violent, and brutal past in the form of the Apartheid regime (Besteman, 2019). The Apartheid regime utilised policies and laws that benefitted a particular race group over the majority of the population; thereby creating immense inequality and severely disadvantaged the native majority and other race groups who were not of European descent (South African History Online, 2016). The fight for freedom and equality for all South Africans against the tyranny caused by Colonisation and the Apartheid regime saw the dawn of a democratic South Africa in 1994. The arrival of Democracy brought the promise of a cordial and diverse nation, free of its violent and racial past; and imbued with commitment towards an equal and liberated country (Moodley & Adam, 2000).

In a now democratic South Africa, however, there are many issues that still need to be resolved even after 28 years of democracy. Majority of South Africans are living in poverty and are suffering from high levels of unemployment (Seedat et al., 2009). This can be viewed as a result of systemic poverty and disproportionate socio-economic influences, which are deep-rooted in societal norms of privilege and inequality (Basson, 2022), which also leads to an increase in mental health problems such as post- traumatic stress disorder and mood disorders (Kaminer et al., 2008).

Therefore, the research question of this study is to explore the impact that Apartheid and Colonialism has had on the mental health of young adults living in iLembe district in KwaZulu-Natal; particularly focusing on the communities of Shakaskraal and Groutville.

The following research thesis will center around the lived experiences of the youth and focus on their mental and emotional views in a post-colonial and post-apartheid, democratic South Africa. According to Gibbs et al (2018), the correlation between behavioral and social factors contribute to emotional and mental health problems. In South Africa, this would incorporate the long-term effects of Colonialism and Apartheid, a culture of violence and increasing levels of unemployment and poverty, thereby interlinking the increase in anxiety, substance use, and mood disorders (Heeringa et al., 2009).

The long-term effects of Apartheid and Colonialism in South Africa can relate to the multigenerational trauma experiences that affects people from previously marginalised groups such as the African and Indian communities. According to Jansen (2009, as cited in Bradbury &

Frankish, 2012) intergenerational trauma can help explain how people who were not born during or were little when Apartheid ended can still be affected by it. The knowledge of events from the past for current generations is viewed as indirect, and therefore the means in which this information has been relayed is important ; as many people do not realise that the events of the past affects them and can shape their lived experiences (Bradbury & Frankish, 2012). The means in which knowledge of the past can be shared is through stories and even in the silent conversations such as actively prohibiting sensitive topics on Apartheid, mental health, and trauma (Bradbury & Frankish, 2012). Therefore, relating to the research question of the impact that Apartheid and Colonialism has had on young adults.

One of the reasons for investigating this topic is the researchers' personal and lived experiences of growing up in a democratic South Africa. Listening to stories about the past from immediate family members and from members of the community I grew up in, I realized that I wanted to know what the impact of Apartheid has on my own life and that led me wanting to explore how apartheid has affected the generation that I am a part off. In terms of mental health, going to psychologists when I was younger led to the path of studying psychology and therefore, my curiosity led to wanting to explore the impact that Apartheid has had on young adults and their mental health in a democratic South Africa.

This gives way to wanting to determine whether the past remnants of Colonialism and Apartheid affect the current generation of South Africans who were born towards the end of the Apartheid regime and those who grew up during the democratic age and never experienced the Apartheid regime first-hand like their parents and grandparents did. This is partly because of the recent movements such as the "Rhodes must fall" movement in 2015 which saw young men and women of colour come together and raise awareness on the systematic racism, which is a remanent of colonisation, and still present in the forms of statues, art works and education curriculums in schools and universities (Bosch, 2017). Another movement that brought together university students all over South Africa to oppose the increase of university fees and bring to the forefront free and inclusive education for all in the form of the "Fees must Fall" campaign also in 2015 (Dlamini, 2019).

According to Chikoko (2021), the above-mentioned movements tried to incorporate and find a more local and inclusive approach to an otherwise Western and largely European-based curriculum which would in turn create spaces that root out marginalisation and injustices around South African cultures and languages.

Perhaps the main reason for choosing the topic is to explore the lived experiences of young adults

in the iLembe District in KwaZulu-Natal, focusing on those living in the Shakaskraal and Groutville communities, in terms of their mental health in a democratic South Africa. The focus would be on the African and Indian people within these communities, this is important to note as, especially during Apartheid, the religious, cultural and belief systems of people from Black and Indian communities were overlooked and even ridiculed by the Western ideologies of the regime.

This is especially true when treating people from the Black and Indian communities with regards to their mental health and utilising Western treatment plans rather than incorporating a more holistic intervention and treatment (Swartz et al., 2011). Therefore, it becomes vital for researchers and mental health practitioners to understand the complexities surrounding these difficult topics and try to incorporate African and Eastern psychologies into treatment plans in order to efficiently help people from these communities (Swartz et al., 2011).

Mental health care during Apartheid for marginalised groups was filled with dire human rights violations and mistreatments in the guise of mental health care (World Health Organization, 1977). Patients were given superficial care, housed in poor infrastructure and made to perform manual labour in the guise of treatment; in contrast to their white counterparts (World Health Organization, 1977). In the current post-apartheid South Africa, mental health care is inept and not funded adequately to support people with mental health problems (Burns, 2011). Since South Africa is a middle-income country, and experiences an ever-increasing socioeconomic inequalities such as crime, substance abuse, poverty and many others these form part of the risk factors that can lead to mental illnesses (Burns, 2011). These can relate to the impact of Apartheid and show a relation between Apartheid and Mental health in the country.

The research thesis aims to explore whether the lived experiences of young men and women, in the communities of Shakaskraal and Groutville, have had an impact on their mental health; and in order to understand this the following key questions relating to the research includes, but is not limited to:

- What does the Apartheid regime mean to you?
- How does the stories of Apartheid and being born and brought up in a democratic South Africa impact their own identity?
- How being raised by parents who grew up in the Apartheid regime affected the way the youth were brought up?
- How has Apartheid and democracy affected the participants' lived experience?

It becomes important to note that during the research broader objectives and questions can come to light. For example, can the participants' race, and the experience of the individual give different

results or does the age of the participant affect the type of experience the participant has had? Whether the problems and issues identified during the study were of a social nature? For example, the relationship between poverty and the experience of the different race groups differs with some in deep poverty and some in middle class (Baxter & Jack, 2008).

The research approach of the study will utilise a qualitative approach which will provide an in-depth insight into the lived experiences of the young adults and their mental health (Babbie & Maxfield, 2016). The use of qualitative research is especially necessary when wanting to gain an extensive comprehension of how social connection and the relationships that are formed through them shape people and their perceptions (Henning et al., 2004). The theory that will be utilised in the research is the Vygotsky's' sociocultural theory and Ubuntu-Botho approach which will be further elaborated on in chapter 2, which is the literature review.

The structure of the thesis will comprise of a comprehensive literature review of previous studies conducted on the lived experiences and mental health of those affected by a post-colonization and post-apartheid democratic South Africa, which will help build on the previous studies that have been conducted to help support the topic and the reasons for conducting the study. It will furthermore list the limitations of previous studies and will explain in detail what the study does not entail (Babbie & Maxfield, 2016).

The research design which forms part of the research methodology will be based on the type of research that the study will follow, which is a qualitative study and will apply the sociocultural theory to fully understand and analyse the main findings from other studies and then follow the other steps of the research process such as the collections of the data, analysing the data and interpreting the results into the study which will either support the topic or reject the topic (Babbie & Maxfield, 2016).

The methodology of the research will make use of personal interviews consisting of semi-structured interviews as a data collection method (Babbie & Maxfield, 2016), and thereafter the content of the interviews will be analysed. The research framework will make use of a descriptive-interpretive paradigm focusing on the methodology of the research, which focuses on the "experiences of the individuals" (Babbie & Maxfield, 2016), and aims to discover and investigate unrevealed sequences and options (Cronje, 2020). The use of this type of methodology will allow the researcher to understand the precise experiences of the individuals in the studies, therefore interpreting and explaining the results in a simpler manner (Babbie & Maxfield, 2016).

In terms of data collection methods, interviews such as semi-structured interviews will be utilised, and the content of the interviews will then be analysed and discussed in Chapter 4 in relation to

the Sociocultural theory and Ubuntu-Botho approach. The interviews will be conducted telephonically, as all of the participants were only available after work or when they returned from studying, this made it difficult to schedule a face-to-face interview; the interviews were recorded via the voice recorder app on the researcher's laptop with the permission of the participants, thereafter, transcribed on separate word documents, for each participant and for easier analysis of the content. The interview transcripts will then be analysed using thematic analysis.

The thematic analysis of the research will aim to identify the main themes that will be prevalent in the content of the transcribed interviews (Clarke & Braun, 2018). These can include and is not limited to: the impact of Apartheid on the mental health of participants, and the participants' understanding of mental health.

The thesis will then present the findings of the analysed data and answer whether Apartheid and Colonialism has had an impact on their mental health. It should be duly noted that the benefits of conducting this research thesis is that there are no immediate benefits of the study as it is an exploratory research study: the aim of this study is to form part of a larger and long-term conversation and research that will hopefully benefit future generations in terms of mental health and living in a post-apartheid South Africa. However, it can help future researchers and participants when dealing with a similar topic and be used as references.

## **CHAPTER 2** **Literature Review**

### **2.1 Introduction**

The previous chapter introduced the research thesis topic and set forth the aim and research questions pertaining to the topic. The current chapter will be structured around the following important themes relating to the research questions, namely: The impact of Colonization and Apartheid on the current generation in a democratic South Africa; Mental health Care of Historically Disadvantaged South Africans (HDSA) in a post-colonial and post-apartheid South Africa; Lived experiences effect on mental health; factors influencing mental health on the youth in a democratic South Africa; and lastly, describe the theoretical framework of the sociocultural theory and Ubuntu-Botho approach that will be used in the research.

The primary focus of this chapter is to discover important correlation of knowledge based on the above themes and identify gaps in the information for future investigation. This chapter will also list the limitations of previous studies.

Firstly, this chapter will provide a brief background history on Colonialism and Apartheid in South Africa; and the background of mental health in South Africa, the focus of this information will be on the Eastern Cape province due to the limited information available around the history of mental health in South Africa.

#### **2.1.1 Background history of Colonialism and Apartheid in South Africa**

The history of Colonialism in South Africa began when two European foreign powers (Netherlands and Great Britain) sought to rule over the nation of South Africa (Van der Westhuizen et al., 2022). Colonialism aimed to have control over the political environment while ensuring economic manipulation (Van der Westhuizen et al., 2022), however, for the purposes of this research literature review the focus of Colonialism will be in regard to the personal and cultural enslavement of the peoples in South Africa.

Colonialism aimed to oppress and marginalize the majority of the South African population through ensuring that the wellbeing of mainly Black South Africans were disregarded leading to exclusion from social, political and economic decisions; deprivation of proper education; poverty increases and the introduction of systemic violence that is entrenched in the fabric of South African reality till this day (Van der Westhuizen et al., 2022).

The personal and cultural enslavement of the people in South Africa was mainly through

manipulation that aimed to push Western culture, languages and belief systems as superior than that of the natives in the country (Van der Westhuizen et al., 2022). This led to the people in South Africa being treated with contempt, and the cultures, belief systems and languages that were their identity and created their communities, being mocked and ridiculed. This continued even after the end of Colonialism, into the Apartheid regime. Both Apartheid and Colonialism meant to disregard, persecute and ensure that the majority of South Africans were violated and abused (Van der Westhuizen et al., 2022).

Therefore, the 1994 elections and the dawn of democracy was welcomed and hailed as finally being the time to be liberated from the past (Oliver & Oliver, 2017). Democracy painted the idea that the people of South Africa, regardless of their race, culture and beliefs would be treated equally and fairly (Oliver & Oliver, 2017). Even though many strides have been achieved during the last 27 years of democracy, the accomplishments are marred by the increasingly high unemployment rates amongst youth (Crouse, 2022), increase in violence and poverty, unequal access to basic services and an unstable socio-political landscape (Swanson, 2014).

A recent and more relevant example of the long-term effects of Apartheid can be viewed with the COVID-19 pandemic, which began in 2020 and in the past two years, when the global COVID-19 pandemic and subsequent national lockdown that the country had faced, brought to the forefront how deeply the inequality of the South African society is rooted (Thesnaar, 2022). An example of this can be the July 2021 protests in KwaZulu-Natal and Gauteng provinces; wherein violent protests led to looting of businesses and destruction of public and even privately owned infrastructures, among many other criminal elements, that brought the whole country to a standstill (Vhumbunu, 2021). It should be noted that the 2021 July protests or rather unrest was theoretically politically motivated or influenced (Kalina, 2021). However, there were many other factors that influenced the destruction that became an integral part of the 2021 July protests (Vhumbunu, 2021).

The aftermath of the July 2021 protests resulted in exacerbating an already fragile and unequal socio-economic environment, which was already in disarray due to the COVID-19 pandemic and lockdown, while also contributing to a rise in violent civil unrest and further segregating the socio-political landscape (Vhumbunu, 2021). It is important to note that these protests were politically influenced at first, however, the sheer scale and devastation caused, indicates that the entrenched and profound social, economic and political inequalities among South Africans had intensified the protests (Vhumbunu, 2021). This can be viewed as the remnants of the systemic social injustices that are deeply rooted in the fabrics of the South African landscape (Thesnaar, 2022). Despite being a democracy there are still remnants of the Apartheid and Colonial past. However, in terms of this

research thesis it is important to discuss the background of mental health in South Africa.

### **2.1.2 Background of mental health in South Africa**

As mentioned briefly in the previous section, that during the Apartheid regime mental health care for marginalised people was filled with gross human rights violations and mistreatments of patients in the guise of mental health care (World Health Organization, 1977). During Apartheid the regime utilised the mental health care act as a way to eliminate unpleasant components from public, and for people from marginalised communities that needed professional assistance they were either refused treatment or subjected to below par treatments (Burke, 2006).

The treatment facilities became known as ‘asylums’ or ‘institutions’, became places where political opposition, members that were not deemed desirable and anyone that opposed the regime were sent even if they did not have any mental disorder or illness (Burke, 2006). The use of ‘electric shocks’ and other inhumane treatments were administered to patients without proper care (Burke, 2006). With this as a background of what was happening around the country during the Apartheid regime, the use of how the mental health care services were during Apartheid in Eastern Cape will be discussed in detail; as this will form part of a content analysis in terms of how Mental Health Care services was during Apartheid.

With the following as a background context of how Colonialism and Apartheid has affected the mental health care services in Eastern Cape, focusing on what mental health care was like during those times.

Mental health services in the province of Eastern Cape has had its share of trials and tribulations, from the Colonial era, to the Apartheid regime and now in a democratic South Africa. The overall evolution of mental health care can be seen as convoluted in the narrative and practices of Colonialism and Apartheid (Sukeri et al., 2014). The Colonial era in terms of mental health care in the Eastern Cape province was poorly developed, patients who were mentally ill were pushed into prisons and traditional hospitals that were ill-equipped to help and efficiently treat these patients (Sukeri et al., 2014). Eventually, to combat this problem, old buildings such as former soldier quarters (barracks) and prisons were refashioned into mental institutions that housed both White and Black mentally-ill patients. However, soon on the instructions of those in charge, the White patients were moved away from and treated better than their Black counterparts (Sukeri et al., 2014).

Black mentally ill patients were treated terribly, in forms of which many Black, especially Black

male patients, had to perform physical labour that was misrepresented as a form of occupational therapy; and Black patients were given poor housing that eventually became congested and represented the exterior of a prison - the areas were covered by wire mesh fences that separated the Black patients from their White counterparts (Sukeri et al., 2014).

The Black patients were even given unscientifically sound prognosis, diagnosis and treatment based on the colour of their skin (Sukeri et al., 2014). These were further exacerbated during Apartheid, that further deeply rooted the racist and inequitable practices of its predecessor in terms of mental health care in South Africa (Sukeri et al., 2014). Once democracy came to South Africa however, there was emphasis on a more impartial and scientifically sound administering of services (Sukeri et al., 2014). However, many mental health care facilities in current Eastern Cape are neglected and debilitated in terms of use for people - not only that but the overall mental health services remain unequal in its administration (Sukeri et al., 2014). This will be further explored later in this section. In context of this research thesis, it becomes important to discuss the impact that Colonialism and Apartheid have on a democratic South Africa.

## **2.2 The impact of Colonisation and Apartheid on the current generation in a democratic South Africa**

This theme will pay special attention to the 2015 “Rhodes Must Fall” and “Fees Must Fall” movements as reference to the impact of Colonisation and Apartheid on the current generation in a democratic South Africa.

Even though democracy in South Africa, 27 years after the end of Apartheid, has been marred with many problems, it is important to note that there are still many great strides and achievements that the country has accomplished. For example, the Constitution of South Africa, which is the supreme law of the country, is hailed for its unprejudiced, uniqueness and modernity (Oliver & Oliver, 2017), with its inclusivity to ensure that previously marginalised and disadvantaged people in South Africa are treated fairly, as well as ensuring that all citizens’ human rights are upheld (Oliver & Oliver, 2017).

Another example can be the 2010 FIFA World Cup which was held for the first time on the African continent, particularly with the honour of hosting going to South Africa (Knott et al., 2013). The 2010 FIFA world cup was a successful event that illustrated the determination, hard work and willingness to come together as a nation, into organising the event for a global audience (Knott et al., 2013). These two examples are just some of the many strides that the country has taken since the inception of democracy. However, despite the many steps forward in the right direction, there are equally, if not more, steps taken back.

Access to higher education, poverty, youth unemployment and structural violence are just some of the many problems plaguing a post-colonial and post-apartheid South Africa (Swanson, 2014). A combination of unequal access to services, socio-economic inequalities and an inept political landscape, rooted in the continued marginalisation of previously disadvantaged South Africans illustrates the effect that Colonisation and Apartheid has on the country (Griffiths, 2019).

The unequal access to higher education and the effect of Colonialism was highlighted in the “Rhodes must Fall” and “Fees must Fall” movement in 2015. The “Rhodes must Fall” movement saw young men and women of colour come together and raise awareness of the systematic racism prevalent in the forms of statues, art works and education curriculums in schools and universities (Bosch, 2017). While, the “Fees must Fall” movement brought together university students all over South Africa to oppose the increase of university fees and bring to the forefront free and inclusive education for all (Dlamini, 2019).

One of the reasons why the 2015 movements occurred, was because of the low number of Black academic staff that are in senior positions at universities. The importance of Black, Coloured or even Indian academics in universities is vital in ensuring that students who are Black, Coloured and Indian are being taught in a manner that benefits, engages and ensures that they reach their maximum potential in creating a subjective identity (Heleta, 2016). This, therefore, creates a more local and inclusive approach in producing spaces that root out marginalisation and injustices around South African cultures and languages (Chikoko, 2021).

It is important to also note the Western influence on young adult literature in South Africa as part of this reasoning, however not as a part of the 2015 movements, but rather in the context of being an influence on the youth in a post-apartheid South Africa (Sibanda, 2020). The importance of literature, especially literature centered around historical contexts such as Apartheid, has the capacity to shape its discourse (Sibanda, 2020). Unfortunately, many of the writers that do have prominence are White. This creates an unequal characterisation in the representation of the struggles that the majority of South Africans have endured (Sibanda, 2020). This reinforces the idea that predominantly Black writers and even academics are not perceived as equivalent to their White counterparts (Sibanda, 2020).

Another reason for the movement is the artworks such as statues and a largely Western curriculum which elevates systemic racism and inequality (Bosch, 2017). The “Rhodes must Fall” movement began with the Cecil John Rhodes statue at the University of Cape Town. Students demanded that the statue be removed as it promoted institutionalised racism and served as a reminder of the colonial past (Bosch, 2017). Eventually, the movement spread nationally and calls for

'decolonising the curriculum' was gaining momentum (Bosch, 2017). This is important because the curriculum taught to university students is based on a Eurocentric academic culture and languages, which aims to emphasise minority privilege and superiority (Heleta, 2016). Despite universities having systems, guidelines, and reorganisation strategies in place to create a curriculum that is inclusive and equal in all its facets, the measures have not been implemented thoroughly, be it through incompetency or inability to do so (Heleta, 2016).

Lastly, the "Fees must Fall" and "Rhodes must Fall" movements brought forth the issue of economic inequality when it comes to accessing higher education in South Africa. Due to the deepening economic imbalance because of the repercussions of colonisation, many South Africans cannot afford to go to university, which further exacerbates the alienation of previously disadvantaged groups by Apartheid (Griffiths, 2019). Therefore, these movements focused on highlighting the plight of previously disadvantaged groups in South Africa, especially with the annual university fee increases making it difficult for many students to go to university (Raghuram et al., 2020). The result of the movements gave relief for many students who could not afford the fee increases when government announced that they would not increase the fees, and ensure that the National Student Funding Aid Scheme (NSFAS) would be able to support more students in their studies, financially (Griffiths, 2019).

However, these attempts on new and reformed approaches by government have been met with inadequate implementation and supervision of these approaches, which have only ensured that those who were marginalised before, continue to be at a disadvantage when it comes to access to higher education (Mzangwa, 2019). The commonality of the factors that resulted in the 2015 movements of "Rhodes must Fall" and "Fees must Fall" highlight the deep-rooted remnants of Colonisation and Apartheid on a Democratic South Africa, especially on the previously marginalised groups, therefore, it becomes vital to discuss the mental health care of HDSA in a post-colonial and post-apartheid South Africa.

### **2.3 Mental health care of HDSA in a post-colonial and post-apartheid South Africa**

Firstly, the definition according to the DSM-IV manual by the American psychiatric association of a mental disorder is:

*A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or development processes underlying mental functioning.*

*Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities (Stein et al., 2021).*

It is important to note that the above definition of a mental disorder is from a Western perspective which, according to Mwelase (2019), becomes restrained in demonstrating concepts of African and Eastern ideas of mental disorders; therefore, in a South African context, the definition of mental disorder is:

*Mental disorders (also called mental illnesses) refer to a wide range of mental health conditions – disorders that have an effect on your mood, thinking and behaviour. Mental health disorders can affect anyone regardless of race, age, sex or social status (SA Federation for Mental Health, 2023).*

It is important to note that the South African definition takes into context the importance of , highlighting how culture and community can shape one's beliefs and knowledge with regards to mental disorders which is important in a South African approach (Mwelase, 2019). The importance of this can be further highlighted in the global COVID-19 pandemic; as it was a recent event that happened and many people can relate to this event; in the role that the collective, meaning the role that community, played in promoting overall wellbeing and combatting the pandemic (Pillay, 2021).

The global COVID-19 pandemic created global panic, fear and pain which affected people all over the world (Pillay, 2021) through national lockdowns that impacted economies around the world, with

people losing their jobs and deepening financial woes for many; in the loss of loved ones and declining health for vulnerable people; and loss of communal supportive systems for many people around the world (Kestel, 2021). The common reiteration by the global health community was on the emphasis of community education on preventative measures in combatting the spread of the virus (Pillay, 2021). The South African context much of who we are as a society is based on the sense of community, and therefore, the COVID-19 pandemic limits that sense of community due to the fact that the virus is spread through contact (Pillay, 2021). This iterates the significance of community interdependence in line with the beliefs of the African culture on dependence of people and the society in attaining overall welfare and societal betterment (Pillay, 2021). However, can the same be assumed in terms of mental health care of HDSA in a post-colonial and post-apartheid South Africa.

Initially, when democracy was established or busy being established, the mental health care in

South Africa was still in its Apartheid and Colonialism phase of using compact conventional care - meaning that mental health care was more institutional (Lund & Petersen, 2011). However, the post-apartheid mental health care system has focused on a community centered approach, with emphasis on improving access and value of care as well as ensuring a more localized approach that functions on a human rights foundation (Lund & Petersen, 2011). Research on the effectiveness and management of the measures that have been implemented have not been favourable (Lund & Peterson, 2011).

Problems that have arisen in implementing a more integrated and community centered approach include: inadequate training and assistance for crisis and community management staff; insufficient resources such as beds, finances and even treatment medications; inability to properly monitor and facilitate the strategies and measures due to lack of resources and training; and lastly, inability to efficiently incorporate both Western and African treatments in order to promote a culturally congruent mental health care system (Lund & Petersen, 2011). Also, stigmatisation and discrimination are serious issues with regards to seeking help for mental illness. This could be due to a more conservative belief system in the outlook of mental health care (Lund & Petersen, 2011).

According to Mwelase (2019), many people prefer not to seek professional help for suspected mental health issues due to the strong upsetting perceptions about mental health and in fear of being deemed as 'weak'. The implications of feelings of stigmatisation and discrimination can lead to people living in self-isolation and can exacerbate symptoms of mental distress or illness (Lund & Petersen, 2011). Even though there are many programs about anti-stigmatisation and discrimination on mental health, there is a cause for concern on how effectively these programs are implemented (Lund & Petersen, 2011). More recent studies on mental health care services and initiatives in South Africa have shown that there is a big problem with how it is being effectively handled in the country (Nguse & Wassenaar, 2021).

With the use of the global COVID-19 pandemic as a backdrop for this part of the discussion, it should be noted that the global pandemic has intensified an already weakened mental health care problem and restrained accessibility to mental health care services (Nguse & Wassenaar, 2021). The implementation and execution of strategies and legislatures that were already in place has continued to exacerbate the mental health care system (Nguse & Wassenaar, 2021). Studies done in South Africa with regards to the COVID-19 pandemic and national lockdown that followed, showed an increase in mental health disorders such as depression and anxiety (Nguse & Wassenaar, 2021). However, the most significant aspect comes from how the pandemic has affected the HDSA, especially those living in poverty. There appears to be a correlation between increasing socio-economic inequalities and mental health issues (Nguse & Wassenaar, 2021).

Mental health care during the pandemic has largely been overlooked due to the overwhelming nature of the pandemic itself, however, with an increase in mental health issues especially during the lockdown, initiatives and policies need to be put into effect to better protect people during these types of crises (Nguse & Wassenaar, 2021). The mental health care system in South Africa still has a long way to go in ensuring that South Africans from all walks of life are given access to quality and affordable mental health care.

## **2.4 Lived experiences effect on mental health**

With regards to this research, the importance of lived experiences allows the investigator the opportunity to analyse and interpret life experiences in a manner that incorporates circumstantial and societal foundations and gives a more humanistic approach to data (Reid et al., 2005). In psychological research, this is important in gaining knowledge and insights especially from first-hand accounts of people themselves (Reid et al., 2005). Therefore, it becomes important to discuss the lived experiences effect on mental health in a post-colonial and post-apartheid South Africa.

Healthcare in terms of mental health services and initiatives as proposed by the democratic South African government has been marred with many inconsistencies such as lack of training, resources, and funding, among others (Lund & Peterson, 2011). A content analysis on the effect of studying lived experiences for patients living with Schizophrenia would be able to illustrate how lived experiences can help researchers in gaining knowledge and insights from first-hand accounts. One cannot ignore the plans in place that do seek to help those with serious mental disorder such as schizophrenia. According to Chiliza et al (2015), in the Western Cape province, to alleviate the strain of mental disorders, such as serious mental disorders, it is vital to utilise resources from the community. This sentiment is echoed by global healthcare communities that taking care of people with serious mental disorders such as schizophrenia can be implemented at a community level (Chiliza et al., 2015).

The study conducted by Chiliza, Swartz and de Wet (2015) illustrates the importance of experiences in the recovery from the first-episode psychosis in schizophrenia and correlates the results with that of international studies that studied the 'lived experiences' with regards to recovery in schizophrenia (Chiliza et al., 2015). This is important in developing better treatment plans and initiatives to better help people with serious mental health disorders, and even in researching further in long-term studies (Chiliza et al., 2015). These types of results can also be found in various other studies such as the HAALSI study which was conducted in a post-apartheid South Africa and illustrated the influence of trauma subjection and increase in mental health disorders such as depression and anxiety (Payne et al., 2020). The HAALSI study will form part

of the next content analysis for lived experiences and mental health.

It is important to note that this study was done on an older population, however, the purpose of utilising the study in this research thesis is to understand how lived experiences such as traumatic events can affect mental health even if it is later in life, according to the study that will be discussed (Payne et al., 2020).

The study initially states that experiencing traumatic events in early life can be an important deciding factor of physical health and mental health in later life; the population in the study experienced traumatic events in the forms of two highly traumatic historical events, namely Apartheid and the Civil war in Mozambique; the results of the study illustrated the significance that political history and socioeconomic factors play in the overall physical and mental health of individuals that are older in age (Payne et al., 2020). However, the article also mentions the South African Stress and Health Survey (SASH) that utilised a younger population namely young adults during 2002 – 2005; although the population would be much older than the research subjects of this research thesis, it is important to note the results of the study as it is about understanding how lived experiences can create and provide more information in the study (Payne et al., 2020).

The SASH study illustrated prominent anxiety levels and mood disorders, with an elevated percentage extreme (Payne et al., 2020). The population used for the SASH study had been exposed to traumatic events such as Apartheid and therefore, researchers believed that led to the increased frequency of mental disorders such as PTSD, anxiety and even physical chronic diseases such as cardiovascular diseases (Payne et al., 2020). The HAALSI and SASH study illustrate the importance of lived experiences in terms of exploring mental health, and gave rise to the element of traumatic events and its impact on mental and physical health. These types of studies on lived experiences and mental health can, therefore, highlight factors influencing mental health.

## **2.5 Factors influencing mental health on the youth in a democratic South Africa**

The history of South Africa creates an interesting context for which factors influence mental health in the youth. Factors such as violence, poverty and even low socio-economic status, among others, can have a profound impact on mental health disorders (Bantjes et al., 2019). For many South African students entering university for the first time, it can be a daunting situation, and can create and exacerbate mental disorder symptoms with influences from external environments (Bantjes et al., 2019). The frequency of CMDs (Common Mental Disorders) among university students are significantly high and appear to not only be exclusive to South African students, however, with regards to the South African context, it is imperative that government has policies in place that would assist student wellbeing in terms of a communal mental health approach (Bantjes et al.,

2019).

In South Africa, symptoms linked to depression have been found to rise behaviours associated with risk such as, risky sexual behaviours (Govender et al., 2018). It becomes important to note that with regards to gender, men and women experience different forms of risky behaviours - with women being more exposed to violence in sexual activities or relationships (Govender et al., 2018). Poverty appears to be a major influence on mental health, especially poor mental health and can influence an increase in substance use (Gibbs et al., 2018). However, the major contribution, or rather link, is that of gender inequality - men and women experience different forms of discrimination in the facet of 'poverty' (Gibbs et al., 2018).

For men, the correlation between trauma experienced in childhood and delinquent behaviour such as IPV (intimate partner violence) whereas, for women the correlation between unstable food security and increases in IPV encounters, were prevalent (Gibbs et al., 2018). There appears to be an influence of gender inequality as well when it comes to understanding mental health in youth in a post-colonial and post-democratic South Africa. Childhood trauma in men can also lead to an increase in depression symptoms and other CMDs, and the reasons for childhood trauma can be linked to poverty experienced in childhood, therefore, creating an indirect link between poverty and mental health disorders in young adults (Hatcher et al., 2019).

A study by Saban et al (2014) with the use of the SASH study in the context of substance use and common mental health disorders in young adults will be utilised as a content analysis for this heading. The study utilised a population group between the ages of 18-30 years of age, and from various racial groups; for the purposes of this content analysis, the focus will be on the gender and results from the study. The study highlighted that most of the substance users were male; and that the common mental health disorders such as anxiety and mood disorders were higher in substance users (Saban et al., 2014). The prevalence of psychopathy was higher with regards to specific disorders and specific substances for example, PTSD and alcohol (Saban et al., 2014). This illustrates the correlation of substance use and mental health.

With regards to the above, it therefore, becomes important for the government to create and properly implement policies and measures that can combat socio-economic factors like poverty, perhaps by increasing social grants, and other initiatives that would not only decrease the inequitable distribution of resources in the country but also, curb the rise in CMDs amongst the youth (Gibbs et al., 2018).

## **2.6 Theoretical framework of the sociocultural theory and Ubuntu-Botho approach**

The psychological theory best suited for the research is the 'sociocultural theory'. The reason for this is because individuals preserve their identities through social interaction and shared experiences, thereby shaping their individuality (Anh & Marginson, 2013) - which leads to the Vygotsky's sociocultural theory that will form part of the main theoretical framework. In a South African context, this is important as the individual and the community are viewed as one, wherein they share the same experiences and live a holistic livelihood. According to Mkhize (2018), this is similar to the Ubuntu- Botho approach as it deals with shared experiences of individuals and the community as a part of the individual - thereby interlinking the Vygotsky's sociocultural theory with the Ubuntu-Botho approach.

In the context of the Ubuntu-Botho approach, individuals engage and inhabit collective spaces which inform the individual of righteous behaviour thereby creating a constitutive notion (Letseka, 2013). This means that people, more specifically individuals, are able to learn acceptable and morally correct behaviours by engaging with others in their environment. This can be related to the notion that, according to Vygotsky's sociocultural theory, individuals learn the societal aspects and notions of morally correct behaviours not just by socialisation, but also by engaging with the social environment, especially through their histories and cultures (Scott & Palincsar, 2013).

### **2.6.1 The historical background and current understanding of mental health care in relation to the sociocultural theory and ubuntu-botho approach**

The terrible treatment that the Apartheid regime had utilised when it came to patients of marginalised groups had a profound impact on the current state of the mental health care in South Africa. The stigma and discrimination of people with mental health disorders has become a problem, as many people don't receive the support, they need in order to seek help, and there is also language and class barriers that still persist, many people also seek help from alternative healers such as traditional healers (Lund et al., 2012). The importance that historical context plays in mental health care in South Africa has led to significant issues such as inadequate service, training and facilities for mental health treatment; therefore, there is a great push for primary mental health care in the country (Lund et al., 2012).

From the South African perspective, this can be viewed in terms of depression and risky behaviours. Factors such as substance abuse, anxiety, and depression for example, can exacerbate risky behaviours with links to the increasing risk of HIV/AIDS (Ordóñez & Marconi, 2012). The impact that the sociocultural environment has on an individual and their subsequent behaviour, with regards to an increase in risky behaviour such as risky sexual behaviours, is important to

explore, according to Ordóñez & Marconi (2012). Constructive socialisation established in collective societal likeness can warrant people to change their behaviours and even quell systemic violence.

This highlights the importance that the community plays in an individual's life in the South African context. Therefore, the use of the sociocultural theory and Ubuntu-Botho approach can be viewed as the best way to analyse the data collected in this research study.

## **2.7 Limitations of Literature review**

The limitations of the literature review include firstly, that most of the literature found was based on the experiences of Black South Africans - as, when searching for literature on the topic at hand, there were not a lot of research regarding Indian South African experiences and mental health. It should be noted that the literature discussed therefore, mainly focused on the experiences of Black South Africans, and that this research study does not seek to disregard the experiences of Indian South Africans.

And finally, the Eastern Cape province mental health history was an informative article that was used in this literature review as it was one of the only articles that had such a profound and intensive historical context that applied to this literature review even though the province was not the same province that this research was being conducted in. It, therefore, should be noted that the Eastern Cape mental health history article (Sukeri et al., 2014) served as a background historical context article for this research study's literature review.

## **2.8 Conclusion**

The literature review aimed to focus on the important correlation of knowledge based on the themes of the impact of Colonization and Apartheid on the current generation in a democratic South Africa; Mental health Care of Historically Disadvantaged South Africans in a post-colonial and post- apartheid South Africa; Lived experiences effect on mental health; and the factors influencing mental health on the youth in a democratic South Africa.

## **CHAPTER 3** **Research Methodology**

### **3.1 Introduction**

This chapter aims to explain in detail the research methodology used in completing the research study. Firstly, the research questions will be highlighted once again in order to tie in with the reasonings behind selecting the specific research approach; after which, the specifics of the methodology will be discussed in terms of the sample of the study, the type of data collection methods that was used, data analysis used for the study and finally, ethics in terms of reflexivity, positionality, credibility, dependability and transferability.

#### **3.1.1 Research questions of the research thesis**

To explore the impact that Apartheid and Colonialism has had on the mental health of young adults. In order to answer this question, it becomes vital to study peoples' lived experiences and how that has shaped their mental health. According to Gibbs et al (2018), the correlation between behavioural and social factors contribute to emotional and mental health problems. In South Africa, this would incorporate the long-term effects of Colonialism and Apartheid, a culture of violence and increasing levels of unemployment and poverty, thereby interlinking the increase in anxiety, substance use, and mood disorders (Heeringa et al., 2009)

Therefore, the research approach of the study followed a qualitative research design that helped in providing a thorough insight into the lived experiences of the research sample that was utilised in the study (Babbie & Maxfield, 2016).

#### **3.1.2 Qualitative Research design**

The use of a qualitative research design provided a more subjective approach to the study in terms of understanding and demonstrating the effect of a person's lived experiences which include the social factors and behavioural factors in shaping a person's mental and emotional perceptions (Fossey et al., 2002). For this study, the aim was to have an extensive knowledge base in terms of the lived experiences of the youth, in the Shakaskraal and Etete areas of the KwaZulu-Natal North Coast, and its effect on their mental health. Therefore, a qualitative research approach was decided upon to ensure that an extensive and thorough knowledge pool of subjective data was achieved (Fossey et al., 2002).

The research framework also made use of a descriptive-interpretive paradigm focusing on the methodology of the research, which focused on the "experiences of the individuals" (Babbie

& Maxfield, 2016), and aimed to discover and investigate unrevealed sequences and options (Cronje, 2020). The use of this type of methodology allowed the researcher to understand the precise experiences of the individuals in the studies therefore, interpreting and explaining the results in a simpler manner (Babbie & Maxfield, 2016). The use of the descriptive-interpretive paradigm allowed for the phenomenon which in this case was mental health and lived experiences to be described and interpreted, with emphasis on transparency and rigor which increases its credibility and trustworthiness (Timulak & Elliot, 2019). This was achieved by ensuring that the researcher's attention was on the participants and their answers during the data collection stage of the research study.

### **3.2 The sample of the study**

Firstly, the sampling method used for the study was non-probability sampling. The use of non-probability sampling was to ensure that the participants were not contacted at random and for selection bias to facilitate the criteria necessary in selecting participants (Lamm & Lamm, 2019). This leads to the sampling technique known as quota sampling used for selecting participants that needed to meet the specific criteria (Vehovar et al., 2016), which was based on the Indian and Black communities within the areas of the study. These included the ages of the participants to be between 18-30 years; to be either male or female; and that they were either born in Shakaskraal or Etete, or they lived in either communities for more than 10 years.

The ages of the participants were chosen due to the fact that as adults they would have a better understanding of the research topic and would contribute significantly to the thesis. As mentioned in the section 1.1 of the research thesis - the knowledge of events from the past for current generations is viewed as indirect, and therefore the means in which this information has been relayed is important; as many people do not realise that the events of the past affects them and can shape their lived experiences (Bradbury & Frankish, 2012). This contributes to the reasoning behind choosing participants that are around the age groups of 18-30 years old, in the sense that Apartheid has affected them indirectly, perhaps without them realizing that it has had an impact on them; even if they did not experience it first hand.

However, due to time constraints and other external factors such as the pandemic; the participants were recruited with the help of friends and neighbours within the Etete and Shakaskraal areas. It should be noted that the use of friends and neighbours did not influence the research data in any manner - it was simply a way to find participants that have different lifestyles and circumstances which would diversify the sample pool.

The sample size of the participants was six individuals: two females and four males. This helped

the researcher in understanding the participants more in terms of their life experiences and viewpoints on mental health and Apartheid to name a few, due to the small sample size. However, it should be noted that due to the big difference in the gender numbers of the participants and the small sample size, the results may not reflect the whole population and their experiences. The six individuals were equally represented in terms of their race: 3 Black individuals and 3 Indian individuals. The age categories that the participants ranged in were the early twenties, with the youngest being 21 years and the oldest 26 years.

The recruitment of the participants was conducted once ethical clearance was granted by the UKZN Humanities and Social Sciences Research Ethics Committee (Protocol reference number: HSSREC/00004355/2022, see Appendix G). The study was conducted in the communities of Shakaskraal and Etete, and not in a particular institution, therefore gatekeepers' permission was not necessary.

The participants were identified with the help of friends and neighbours (two people). They were given a thorough run down of what the study entailed and asked whether they knew of individuals who had met the requirements. Afterwards, the two individuals contacted the potential participant and once permission was granted from the participant, that their personal contact number can be given to the researcher, the researcher was able to send the Information sheet, which stated the reasons and details of the study and also the researcher's contact details, supervisor's details and the HSSREC contact details; and the consent form was also sent to the participant through the WhatsApp Messenger app and SMS.

Once the participants responded to the messages and signed the consent form, they were contacted to schedule an interview time that would be suitable for them. It should be noted that during the recruitment process, the researcher was unable to confirm with two participants through WhatsApp Messenger and SMS as they were not reachable; however, once they were contacted telephonically, they were able to confirm a date and send the consent form to the researcher through email. It was also difficult to conduct the interviews through WhatsApp voice call because some participants had connection problems and were unable to utilise the ZOOM platform. However, all the participants had given consent for the interviews to be audio recorded on the researcher's laptop for transcribing the data.

The interview process was only able to be conducted through telephonic means, as the participants were either working or studying late and face-to-face interviews were unable to be scheduled due to the locations that some participants stayed at. This meant that the researchers' had no means of transport to reach the participants to conduct the interviews and the safety of both the researcher and participant were of the utmost priority;

therefore the use of an audio platform. The participants also had connectivity issues and technical difficulties when trying to use the Zoom platform, so this method had to be changed to the telephonic interviews.

### **3.3 Data collection methods**

The data collection method used in the research study was 'semi-structured interviews'. The use of semi-structured interviews in the research study aimed to provide a profound in-depth insight into the individual experiences of the participants (Bearman, 2019). This type of data collection method best suited the type of study that the researcher aimed to conduct as it allowed the participants to explore and discuss their life experiences and how it has shaped the persons that they are today (Bearman, 2019).

The interviews were developed around the research questions of the study and subsequent literature review which helped the researcher to centre on these factors: the views of the participants on Apartheid and Race; their views on Mental health; the ages of the participants; their understanding of the questions; and their overall thoughts on the topics and questions. The participants were able to speak and understand the English language, therefore, being able to answer the questions in the interview. However, one participant did have difficulty understanding and communicating her thoughts properly in English. This led to the information obtained from the interview not being as detailed and subjective as the other interviews. This perhaps led to her struggling with understanding certain terms and questions, which had to be further explained, the participant did not answer some questions because the participant was unable to express the answers in words or felt embarrassed to answer the questions. From this it would be suggested that in future the use of an interpreter would be effective as perhaps the participant would be able to understand the questions and answer them with greater detail.

#### **3.3.1 Research process**

The interviews took place from the 5<sup>th</sup> of September 2022 with the last interview concluding on the 21<sup>st</sup> of September 2022. As mentioned before, the interviews were conducted on WhatsApp voice call and telephonically for one of the participants. The participants were able to participate in the interviews individually from 16h00 as many worked during the day. The interviews were conducted while the participants had free time and had about 40 minutes to spare for the interview.

The interviews lasted between 20-33 minutes with the participants able to fully answer the questions. However, one interview did last only 12 minutes as the participant was unable to answer all the questions as mentioned above. The participants were given a rundown of the study through the information sheet that was sent to them via WhatsApp messenger or SMS, and once they had

also given verbal consent for the audio recording, the audio began to record the session. During the interview, participants were asked if they felt comfortable with the process, and they had indicated that they were comfortable. They were also reminded that they could withdraw from the study should they feel uncomfortable and that there will not be any repercussions for that.

The researcher also informed the participants that should they require counselling once the interview was over, they could let the researcher know and the researcher would contact the psychologist in the area to schedule counselling sessions for the participants at no cost to the participants. The researcher had arranged with the local psychologist before the interviews had begun for counselling services should any participant require them at no cost to the participants and that full anonymity would be involved. The researcher did not reveal any of the names of the participants to the psychologist at any part of the study. It should be noted that all the participants declined to have counselling sessions once the interviews were done.

It is also important to note that Participant D was unable to complete the interview process due to time constraints and therefore, was unable to answer some of the questions. But with permission from the participant, the researcher could use the answers that were already provided by the participant, as the participant had consented for the use of whatever answers were already given.

For the researcher to understand the lived experiences of the participants in terms of their mental health living in a post-apartheid and post-colonial democratic South Africa, the use of this approach for the analysis provided a framework for an extensive interpretation and clarity of their lived experiences (Clarke & Braun, 2018). Therefore, special attention was given to themes that pertained to definitions of terms when growing up and as an adult; mental health understanding; view of mental health in terms of community and family; views on Apartheid; and growing up in a democratic South Africa as opposed to Apartheid.

The use of the sociocultural theory and Ubuntu-Botho approach also assisted in the analysis process, for example, growing up in democracy and learning about Apartheid from family members and the effect of that on the individuals, was explored. Also, the researcher paid careful attention to positive and negative answers relating to lifestyle, emotional and mental health perceptions, and mental health of the youth. Therefore, the research was able to analyse various themes that pertained to the researcher's desire to explore lived experiences of the youth in a post-apartheid and post-colonial democratic South Africa in terms of their mental health.

### **3.4 Ethics**

This section will discuss the ethics of reflexivity, positionality, credibility, dependability, and

transferability. And finally, it will also discuss the ethical considerations in the study.

### **3.4.1 Reflexivity**

Reflexivity is crucial in ensuring comprehension of the subject matter and the research process (Watt, 2007). The use of personal reflexivity, the researcher is able to view own behaviour and assumptions, and assess how that is impacting the research process; while functional reflexivity is the decisions and rationale behind the decisions that the researcher makes (Watt, 2007). During the research process, as a novice researcher many mistakes were made in terms of perhaps not properly understanding the subject matter and the research process; however, with experience and guidance these mistakes can be mended.

Functional reflexivity for this research process was done when the researcher had to change the meeting platform in order for the interviews to take place, this was done by changing the initial Zoom meeting interviews to a telephonic interview which was conducted due to time constraints and internet accessibility. This was not the ideal situation, as the interviews perhaps were not able to generate the knowledge and information that was in-depth. However, in future it would be better to conduct face-to-face interviews.

### **3.4.2 Positionality**

Positionality is the stance that the researcher has adopted to in the research study (Wilson et al., 2022). The positionality adopted for this research study is the descriptive or practical positionality; this incorporates a sociocultural understanding in terms of the research study being conducted (Lin, 2015). The aim of the positionality of this research study was to produce information on the lived experiences of people and their mental health in relation to the impact of Apartheid and Colonialism.

As mentioned in section 1.1 - One of the reasons for investigating this topic is the researchers' personal and lived experiences of growing up in a democratic South Africa. Listening to stories about the past from immediate family members and from members of the community that the researcher grew up in, thereby realizing that there was a personal need to know what the impact of Apartheid has on own life and that led to wanting to explore how apartheid has affected the generation that the researcher is a part off. In terms of mental health, going to psychologists when the researcher was younger led to the path of studying psychology and therefore, the curiosity led to wanting to explore the impact that Apartheid has had on young adults and their mental health in a democratic South Africa.

### **3.4.3 Credibility**

In qualitative research, credibility is similar to validity in quantitative research (Daniel, 2019). In order for the research to be credible, it is vital that the data findings are appropriate, reliable, and consistent with the participants' conscious truth as perceived by the researcher (Daniel, 2019). The credibility of this study was reinforced by the fact that the researcher had personally transcribed the interviews of each participant by herself. Therefore, ensuring that the exact words were typed out precisely as the participant had said them.

The credibility of this research was strengthened by the fact that participants that met the selection criteria as set out in section 3.2 sample of the study, were interviewed for the study, thereby ensuring that the research objectives were met. The study was also conducted in the English language, which all the participants spoke, however, in future the study would be more reliable if a interpreter was available to ensure that participants understood the questions.

### **3.4.4 Dependability**

Dependability is known as reliability in quantitative research. Dependability in qualitative research indicates whether the research methods can be replicated or rather can be utilised in other research studies that produce similar findings (Daniel, 2019). Therefore, in order to ensure dependability in this research study, the research process, and methods, was thoroughly explained and documented. Should the study be done by another researcher in a similar setting and with similar participants, the results would be similar.

### **3.4.5 Transferability**

This indicates whether the findings of the study can be applied to other studies that are similar to the current one (Daniel, 2019). This study aimed to explore the lived experiences of the youth in the Shakaskraal and Etete communities with regards to their mental health and was able to do exactly as it intended. The use of semi-structured interviews as the qualitative data collection method helped achieve the aim of this study in terms of lived experiences of the participants.

Therefore, with the research methods and processes documented and the interviews transcribed by the researcher verbatim, the transferability criteria of the study was met.

### **3.4.6 Ethical considerations**

It should be noted that one of the participants was unable to complete the whole interview process due to time constraints and being unable to answer certain questions; as explained in section 3.3. Once the participant explained that there was a time constraint problem and would be unable to reschedule another interview, the researcher asked the participant if it was alright if the questions that were answered were used in the study. Once the participant had given permission to the researcher to do so, the interview was ended, and the participant was thanked for the time that was given for the interview.

#### **3.4.6.1 Informed consent**

Participants should be treated with continuing respect all the time (Wassenaar & Mamotte, 2012). According to Bengu (2018), the researcher should be able to share the entirety of the study information with the participants of the study. This was done with the use of the information sheet (Appendix A and Appendix C) and subsequent consent form (Appendix B and Appendix D). The information sheet and consent form were both in English and isiZulu, and the researcher had also explained in full detail what the research is about and why it was important. The researcher also made arrangements with the local psychologist for psychological counselling should any of the participants require it - all the participants declined. The researcher had also explained that participation is completely voluntary and that the participants can withdraw from the study at any time.

#### **3.4.7 Data processing**

The interviews were transcribed verbatim by the researcher listening to the audio carefully and transcribing the words onto separate word documents for each participant. The process was vigorous and sometimes the audio was not clear, so the researcher spent almost over an hour ensuring that the audio was properly transcribed. The participants were labelled as follows: Participant A, Participant B, Participant C, Participant D, Participant E, and Participant F. In ensuring that the names and contact details of the participants were not known to anyone other than the researcher, the audio was listened to on earphones and also when there was no other person in the researcher's space.

### **3.5 Data Analysis**

Once the data was transcribed properly onto separate word documents, the researcher began familiarising herself with the data on each of the documents. This enabled the researcher to understand the data and to make out initial correlating factors between the various participants.

This was written down in a notebook specifically meant for the research study. The researcher was able to see many interesting details and understandings of each participant when it came to answering the research questions.

To analyse the data, the researcher used a ‘thematic analysis approach’. The use of thematic analysis in this study aimed to identify the main themes and codes of the data (Clarke & Braun, 2018). By familiarising herself with the data on each of the transcripts, the researcher had to firstly read the transcripts in their entirety separately; and note important details that emerged, such as the ages of the participants, their gender, race, highest qualification obtained, among other important details about the participants (Clarke & Braun, 2018). This allowed the researcher to engage with the data initially and understand the participants a bit more (Clarke & Braun, 2018). Thereafter, the researcher went over the transcripts many times in order to fully absorb the extensive content in each of the transcripts and record all of the data into codes (Clarke & Braun, 2018).

The codes that were generated were then grouped into methodical data sets, which allowed each code to be placed into a data set that was suitable to them (Clarke & Braun, 2018). Thereafter, each dataset was used to create themes that ensured the data was appropriately placed in the proper grouping that was relevant to the data and eventual theme. Eventually, ten themes were initially created, and once the researcher evaluated the themes with regards to the codes created and the various data sets, as well as providing labels and meaning to each of the initial themes, the themes were refined into four themes with each having sub-themes forming a plan of thematic analysis (Clarke & Braun, 2018).

## **CHAPTER 4** **Findings of Research**

### **4.1 Introduction**

This research study aimed to explore the impact that Apartheid and Colonialism has had on the mental health of young adults. In order to answer this question, it becomes vital to study peoples' lived experiences and how that has shaped their mental health. This chapter will therefore, present the analysis and findings of the study.

The following themes will guide this chapter:

- 4.1 Lifestyle and mental health of participants
- 4.2 Mental Health understandings
- 4.3 Apartheid understandings
- 4.4 Mental health and Apartheid

Each of the themes will also have sub-themes that emerged during the thematic data analysis. The participants' responses will be given according to each theme and sub-theme, while relating them to the sociocultural theory and Ubuntu-Botho approach; as well as relating them to relevant literature found. And lastly, the thoughts of the participants on the topic will be given.

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### **4.2 Lifestyle and mental health of participants**

There is an importance of lifestyle factors on mental health (Walsh, 2011). Numerous research done showed the impact that diseases such as diabetes, eating disorders such as obesity, cancer and heart diseases have, and are linked to and caused by lifestyles of people (Walsh, 2011). Factors in lifestyle choices such as physical activity and diet habits have a significant impact on physical health and can also impact mental health (Walsh, 2011).

#### **4.2.1 Physical activity: young lifestyle vs. adult lifestyle**

An interesting sub-theme that emerged is that of how participants' lifestyles were when they were young and now as adults. With a more positive response amongst the participants when they were children and a mixture of positive and negative responses as adults. With one participant expressing a more negative response, but with two expressing a positive response for adult lifestyles.

In fact, most of the participants expressed that when they were children, they were quite happy and active, which can be seen as a benefit of exercise which is beneficial to many groups of people, especially children (Walsh, 2011). The importance of exercise with regards to mental health is that by doing simple or even extensive exercise routines such as aerobics, can help with depression, Alzheimer's, and symptoms of Schizophrenia, among others (Walsh, 2011). Thus, illustrating a correlation that lifestyle factors, such as physical activity, can create a positive mental and emotional response. This can be seen with Participant B, especially when he was a child:

*Abhishta Basdeo: "OK, #11. What type of lifestyle did you lead while you were a child? Was it an active lifestyle? Were you mostly happy or you like sad or what was the type of lifestyle you had?"*

*Participant B: "Pretty active and pretty happy."*

Whereas three participants expressed that as adults their lifestyles are a mixture of active and inactive, as seen below with participants C, D and F:

*Abhishta Basdeo: "What type of lifestyle do you lead currently?"*

*Participant C: "UH, again a mixture of both. Dealing with unemployment for a year and now doing teaching which somedays I feel like I don't like. Some days are better than others. But I think at this point I am more confident than I was back then. So right now, I think my lifestyle is more centered around just achieving everything that I want to achieve."*

*Abhishta Basdeo: "OK, and what type of lifestyle do you lead now?"*

*Participant D: "I would say in between, there are moments when I am happy and sad."*

*Abhishta Basdeo: "Ok, what type of lifestyle do you lead now?"*

*Participant F: "I am not as active as I used to be. And I am sometimes happy and sad. Somedays are better than most, I would say."*

With participant A expressing a more unhappy and inactive lifestyle:

*Abhishta Basdeo: “OK, question 12. What type of lifestyle do you lead now? Are you happy now? Uhm, very active or?”*

*Participant A: “Unhappy and not active.”*

These correlate with the above sentiment of the importance that simple lifestyle changes, such as being active in terms of exercising, can improve mental health issues such as depression. It should be noted that none of the participants were asked if they have been diagnosed with a mental health disorder and therefore, makes no attempt to diagnose the participants.

#### **4.2.2 Lifestyle and social wellbeing**

The importance of lifestyle factors and social wellbeing is also noted. According to Walsh (2011), relationships between people and communities are extremely important and beneficial in terms of mental health. This can be seen from the overall answers of the participants, as a mixture of positive and negative responses with regards to family and community in terms of mental health perspectives. This is important when viewing it in terms of the sociocultural theory and Ubuntu-Botho approach.

The importance of relationships in benefitting mental health can be seen as necessary especially in terms of the participants’ mental and emotional states while growing up, as expressed by Participant E:

*Participant E: “Well, my parents were separated so I had to grow up very quickly. I had to be very independent, and I had to always try to take care of my siblings. And I think in that way it allowed me to be very independent so, when you are independent, you know that you can’t always be selfish. You always have to give so; it has made me very understanding and not be selfish. That you have to put people before you as well.”*

Therefore, the importance of lifestyle factors such as physical activity and social relationships can be seen as imperative to mental and emotional wellbeing.

### **4.3 Mental Health understandings**

It is important to note that under 30% of South Africans receive treatment or have been for treatment for mental illnesses with a mental health professional (Pillay, 2019). People from rural areas and people that are unemployed experience higher levels of poor mental health amongst other factors (Pillay, 2019). This theme will have three sub-themes that will guide this part of the data findings.

#### **4.3.1 Mental health professionals and participants**

Of the six participants that were interviewed, only three had been to, or received treatment from a mental health professional:

*Abhishta Basdeo: "Have you seen a hood of mental health professionals such as psychologists, therapists, or psychiatrists?"*

*Participant A: "Yes, all of the above, I have been to all of them."*

*Abhishta Basdeo: "You've seen and heard of them?"*

*Participant A: "Yeah."*

*Participant F: "Yes, I have been to a psychologist and psychiatrist before."*

Whereas participant C had been to a mental health professional once:

*Abhishta Basdeo: "OK, question 19. Have you seen or heard of mental health professionals such as psychologists, therapists, or psychiatrists?"*

*Participant C: "I have been to a psychologist once. But I just went in, and we greeted each other and yeah, I kind of left afterwards. I feel bad though. But I do know mental health professionals."*

The rest of the participants had only heard of mental health professionals. Such as with participant E:

*Participant E: "I have heard of them."*

It was unclear as to whether the participants had no proper access to mental health professionals, or even had no financial means of visiting a mental health professional. Also, it was also probably that the other 4 participants had no need to go to a mental health professional - again, the reasoning for this was not explored in this study. It should be noted that there is unequal access to mental health professionals which also is exacerbated by the quality in terms of mental health care services in South Africa (Pillay, 2019). However, in terms of this research study this was not explored.

#### **4.3.2 Perceptions of mental health**

When asked about their understanding of mental health, there was a general understanding of mental health among the participants. Some stated that it was important to them, while also mentioning causes of mental disorders by external events:

*Participant A: "People who suffer with like depression, anxiety, stress. Uh, caused by unemployment or stress at home or the environment and even abuse."*

While some said that it was the ability in which people adjust to situations in their lives and taking

care of oneself:

*Participant B: "Mental health for me, it's like, when a person is happy in the situation that they live in or what they are currently going through. If they can handle what is happening around them or the situation that is happening, mentally."*

*Participant F: "I think it has to do with your emotional and psychological wellbeing. Like how you cope with stressful situations and just your overall mental wellbeing."*

It also was the emphasis on how important mental health was to them:

*Participant C: "Mental health, I will say it's your wellbeing. Well for me I would say mental health is more about your inner self. How you view yourself or how you view your life events that are surrounding you. So yeah, it's more about whether you are fine mentally, when I say are you fine mentally. I mean are you at peace and understanding everything that is happening around you? Not overanalyzing everything. Mentally being okay and taking care of your inner self."*

However, some noted the stresses on daily life and its impact on mental health:

*Participant E: "I think mental health is very important. Uhm, we just have to understand that each person has their own way of dealing with and doing things. And that they should be mindful of when dealing with people, they should consider their personalities and just give them space or time. To process things, because we all are not the same, we are all different."*

On the same note, when asked how mental health professionals (for Participants A, C and F), or going to religious gatherings or even interacting in their community, has affected their understanding of mental health, there was an understanding of the importance that mental health professionals had especially to those that had been for counselling or therapy (Participants A and F):

*Participant A: "Uh, it's helped me realize all my negative... like let me see like I need to stop blaming other people for my situation. So, what happened in my life, and I need to take control of? Uh, myself, that my emotions and. Yeah, something like that."*

*Participant F: "it has made me much more aware of my emotions and the importance of being healthy mentally. I try to put my mental wellbeing first but most of the time it is difficult because of life and its problems. But it has helped me understand the importance that these professionals have in understanding my own mental health."*

Even participants that hadn't been for therapy had similar understandings to the people that had been for counselling:

*Participant B: "Ah, they've taught me that mental health is very important when it comes to taking care of it. Of taking care of yourself and that in order to have your mental health, in the right form. The right form if I may say so or in a healthy form and to help others out. It's important to help yourself out first before you can help others."*

*Participant C: "I think me researching about psychologists and other mental health practitioners has really allowed me to realise that mental illnesses are something that you cannot fight alone. I think as much as it is internal, it does need some sort of an external collaboration. Like now I understand, before I used to think it is something that you must go through alone, now I have an understanding that you don't need to do it alone. And you can go out there and seek help."*

*Participant D: "I would advise them to see a therapist."*

*Participant E: "I think it's good. You know, thankfully I haven't had the need to go to any sessions or go through therapy myself. But I think it's a good opportunity to have someone that gives you new perspectives on things especially, when you are dealing with something. So, it's a good thing."*

When asked what their mental health understanding is in an overall sense or rather after discussing the above, the participants had a similar response to the ones above:

*Participant B: "Uh, currently, I would say that, what I said earlier it's basically who you are in a sense. How are you dealing with. With your situation, in terms of mental health. So, it's either good or bad."*

*Participant F: "Same as before, that it is important for your overall wellbeing. I think if your mental health is good then your physical health will also be good."*

With participant C and E emphasising its importance to them as adults:

*Participant C: "Number 1, I prioritise it very much, more than before. I also understand how it all works and it's not easy as A, B, C, and it changes all the time. Life has so many different events and your mental health sometimes becomes deteriorated so it becomes very important to prioritising it and make sure that whatever you do and how it will affect you. So basically, it is very important, and my meaning of mental health is basically the same as before that it is your mental wellbeing."*

*Participant E: "I think the main thing, especially coming from school and then working, is that you don't realise that such a big part of your life that you spend so much of your time and everyday feels almost similar. Especially when you work that you then want to, like if you want to feel fulfilled is that you want to earn more and do more. Or even you want to move to a different job opportunity, so, that for me is something that I had to learn. Because in school no one teaches you about these things."*

### **4.3.3 Community and mental health**

It becomes important to note that community plays a role in shaping one's view or perception of

mental health and the impact that community has on the participants' views.

#### **4.3.3.1 Family and friends**

There was a mixture of views with regards to this. Participants had explained that their family members and friends had a general understanding of the importance of mental health, with many not prioritising it:

*Participant C: "I think they are quite well informed. I'm very privileged as most of them have been to like university or at least high school. So, they are quite aware of what mental health is. Although I don't think all of them prioritise it, but I think that they are aware of what it is. It's just that I don't think every single one of them prioritises it like I do.*

*Participant E: "with friends, I think that they are aware that they can get help from a professional or they do have friends that are understanding and can give them advice. And just to be there, because sometimes you don't need someone giving you advice, sometimes you just need someone to be there. Family as well, I think we are a small and closeknit family. I think we have each other's back and sometimes even though they don't open up, they know that we are there if they ever need it."*

*Participant F: "I think that my family does understand the importance of mental health, but sometimes it's difficult for them to be supportive. My friends as well, I think some of them understand it and put effort but others not so much."*

Whereas, participant A had a mostly negative outlook on this:

*Participant A: "They think of it as a joke. I don't think they take it seriously; they think it's all in your mind. And that it's all about you. Especially in the Indian community."*

With participant D having a positive outlook on mental health understanding with her family and friends:

*Participant D: "They are supportive."*

And participant B, expressing that his family and friends have a similar understanding of mental health as him:

*Participant B: "My family and friends view? Ah, that's a hard question cause, I don't really know what they say, but what I guess so the same is how I would describe it. Maybe they can explain it more better or have an opinion? But I think the same is how I described it earlier on. How a person heals or how a person deals with their current situation, whether they're happy or sad."*

#### **4.3.3.2 Community view on Mental health**

Participants reported a mixture of responses. However, there appears to be a more negative view of how mental health is perceived in the Shakaskraal and Etete communities. This can be viewed as the

correlation of stigma and discrimination that still surrounds mental disorders and seeking treatment for them (Lund & Petersen, 2011). With Participant C giving a more descriptive overview of what mental health is understood as in his community:

*Participant C: "They don't know what's that. They think that when you are depressed or experiencing any mental health issue, you are just weak, stupid, and crazy."*

*Abhishta Basdeo: "OK, do you perhaps have examples, or could you further elaborate on your community's view of mental health?"*

*Participant C: "Yeah, there are or have been people that I have seen who have shown signs of depression and especially people in varsity or Grade 12. Mostly, people who are under lots of pressure. You will find that they start acting out whereby, they will start showing signs of being depressed or signs of some sort of mental problems like they will change their lifestyles drastically or start saying things that they never said before. They will start crying uncontrollably, basically showing signs that they are not well mentally, emotionally, or psychologically; and then the people around the community will start saying they are going crazy, bewitched or they will say they can't handle the pressure. They make it seem as if it's your fault that you don't have the strength to take life and its troubles. They don't want to understand mental health, I think health for them is more physically visible."*

And Participant F sharing a similar sentiment as Participant C:

*Participant F: "I think that they don't understand what mental health is. They don't put much thought into it. For my community if someone is depressed or attempting suicide, it means that the person is crazy and selfish. It's very sad to see that people don't care about other people's emotions."*

An interesting sub-theme that emerged from this was that of substance abuse and its role in mental health as reported by the following participants in their communities:

*Participant A: "So, I think the unemployment rate is affecting the community, especially the youth in the community and the youth don't see beyond anything and there's no support for the youth in the community and the only thing they see is gangs, violence and drugs and crack cocaine has taken over the community and people like the youth, they don't have like opportunities. Or rehabilitation centers or sporting events. Or even a playground I don't even see that the youth are in the playground. They only see people selling crack on the street, it's pretty bad for them. So, they don't play sports anymore, I don't see the children playing outside either."*

*Participant B: "I think it's good, I guess. I feel there's a little activity around as well. So like people are doing like, people are doing substance abuse and all those stuffs. So, they ask, yes, there are a lot of good people, but there's also, more like quite a bit of people. Also aren't so good. With their mental health. They turn to drugs and substance abuse."*

*Participant E: "uhm, I think being mindful and respectful. I mean I live in a township and there are a lot of different people, and people are not just dealing with grief but also drugs and alcohol. So, I think it's important to be mindful and just understand that not everyone is the same and also, understand if you are there you can also help and support them."*

It should also be noted with this theme, that only participants that are Indian reported the use of substances such as drugs and alcohol in terms of mental health. It would, therefore, beg the questions: 'Is substance abuse mostly prevalent in the South African Indian community?' and 'Is the use and abuse of substances such as drugs and alcohol a coping mechanism for mental disorders such as depression and anxiety in the South African Indian community?'

And lastly, when asked if their communities' views on mental health is due to Apartheid, there was a general consensus that in some way it was:

*Participant C: "I wouldn't say directly. It does have an impact because if the community had access to proper education or quality education. Perhaps they would know what mental health is or something about mental health. Because they were disadvantaged or excluded from proper education facilities and opportunities then they are quite archaic in their way of approaching life and unfortunately, mental health is one of those things that they didn't get a chance to learn about. So, indirectly I would say yes."*

*Participant E: "I think kind of. I mean mental health is a big aspect in life but not all people are open to it. Uhm, a lot of people feel like, especially, if they are men or boys, they feel like they can't or shouldn't talk about it. They can't come out and say that they need help. And even some people feel that because, they are from a certain race or religion you shouldn't talk about certain things. And I feel like that is a result of the past, because everything was separated and divided. And you can see that not everybody wants help, even though it is available."*

*Participant F: "Not really, maybe some part but not really. I think that apartheid may have led to people being ignorant to the struggles of other people, even those in the same community. But overall, I think it has to do with just the thought that the older generations are ignorant of mental health. But us the youth, I think we are able to be more open and supportive. So, I think apartheid has some part but mostly it's just people not wanting to change."*

While, participant A said no. But his answer correlated with the above statements of participants C, E and F in the sense of people not changing their mentality or outlook:

*Participant A: "It's both. I think it's also something to do with, I don't think it has anything to do with apartheid. I think it has to do with the mentality of people as well. They view mental health as nothing serious. Like, anything to do with apartheid, I think it's just the way people mentality is. Yeah, I don't think it has anything to do with Apartheid"*

Participants B and D expressed that it was not a result of apartheid:

*Participant B: "I don't think so. Because our community it is quite multiracial, so it has nothing to do with apartheid."*

*Participant D: "No."*

Therefore, the question of what the understanding of the Apartheid regime is, especially considering that they grew up in a democratic South Africa, needs to be explored.

#### **4.4 Apartheid understanding**

This theme was divided into firstly, the participants' understanding of the terms 'racial group' and 'Apartheid' as children, then their understanding of these terms as adults; then growing up in a democratic South Africa as opposed to Apartheid and lastly, their views on Apartheid and its laws.

##### **4.4.1 Understanding of 'racial group' and 'Apartheid' as children**

In learning about what the participants understood by the terms 'racial group' and 'Apartheid' as children, was able to give the researcher background information into how people who grew up during democracy viewed and learnt about these terms and how it has evolved in meaning for the participants.

The participants all understood that 'racial group' meant diverse and different races such as Black, White, Indian and Coloured; and 'Apartheid' as a system that treated people terribly based on the colour of their skin:

*Participant A: "Different types of races, other races, black, Indian, white and coloured. Uhm, like basically different race groups."*

*Participant A: "Uh, previously disadvantaged, people. Uh... that were ... like black, Indian and coloured people were separated and were treated badly because of their colour. They were not allowed to use the same resources as whites. Because whites were superior to blacks."*

*Participant B: "Uh, I just thought of the races Black, White, Coloured and Indian."*

*Participant B: "People were separated because of the colour of their skin."*

*Participant C: "Uh, racial group means that you are either Black, White, Indian or Coloured. That's what I thought."*

*Participant C: "It was a terrible system that divided people based on their race."*

*Participant D: "Racial means a group of people or group of different people."*

*Participant D: "Apartheid? Being treated unfairly."*

*Participant E: "OK, so when I think of the word 'racial' I think of something diverse. Something that is pertaining to everyone. So, like togetherness."*

*Participant E: "OK, so I wasn't a part of Apartheid. But I think, like when you hear the word, I think of separation. Things that were divided. So, for me that's what that word means."*

*Participant F: "uhm I understood what was meant by it growing up. Like, 'racial group' is the different races like Black, White, Indian and Coloured. And 'Apartheid' was the segregation of people based on the colour of their skin."*

This shows that as children the participants learnt about these terms either in school or through interacting with their families, friends, and people in their community.

#### **4.4.2 Understanding of 'racial group' and 'Apartheid' as adults**

The participants' answers for what 'racial group' meant to them as adults remained largely the same as when they were children with a few details added:

*Participant A: "Someone that's of a different colour than me. Different types of people like Black, Indian, Coloured and White. "*

*Participant B: "It has to do with where you come from and the area you live in. Yeah, basically where you come from. It has to do with where you come from, that is what my current understanding of race is"*

*Participant C: "I think it's pretty much the same. I try not to overthink it because it can be a controversial term when people talk about race. So, I think now what I just do is I focus on the physical aspect, not to be political in my thinking, like focusing on someone just because they are a specific skin colour means that they got a specific opportunity. I try not to think about that."*

*Participant D: "it is important to have connection with other people from different groups."*

*Participant E: "I think now a lot has changed. People are coming out and accepting it. And living together and understanding that everyone has their own way of doing things and we shouldn't be defined by the colour of our skin. And that we are all equal, and we should be accepting of that."*

*Participant F: "well, race is the category that defines the colour of your skin. And Apartheid was the law that was put in place by a White minority that segregated people based on the colour of their skin."*

The same can be said for Apartheid in terms of largely remaining the same but with the addition of many details:

*Participant C: "And Apartheid, I think I now understand the deeper meaning of what Apartheid was all about. I also understand the originality of it now. I think learning a lot about the economic history has allowed me to really understand what Apartheid really is. But my understanding now is again the division of peoples based on their skin colour,*

*but it was more than the physical and geographical division, it was also the division of opportunities; and lifestyles given to people based on their race.”*

This shows the manner in which individuals are shaped by their social interactions in terms of their histories and cultures and their engagement in social contexts (Scott & Palincsar, 2013). This can be viewed as when the participants were children, they learnt about ‘Apartheid’ and ‘racial group’ through actively participating in the learning of these terms be it through school or at home, thereby gaining more insight as they grew up (Scott & Palincsar, 2013).

#### **4.4.3 Growing up in a democratic South Africa as opposed to Apartheid**

Majority of the participants expressed that they had more opportunities and were exposed to a multitude of cultures and languages as opposed to their parents and grandparents who grew up during Apartheid. The participants had a positive view of democracy in terms of freedom of movement, education and in learning about other cultures and people:

*Participant C: “I think it’s beautiful. I got to truly experience that people come in different shapes, sizes, and forms. I have friends from different races and even countries, and one thing that is wonderful about diversity is that you are consistently learning and therefore, I feel I am a much more educated person and someone who understands different people. I think my grandparents don’t really understand someone who is different from them. For them diversity is like a disease. Uhm, so to grow up in this society that is so diverse and democratic has been beautiful because it allowed me to be able to tap into other peoples’ lives that are not necessarily like me and to understand peoples’ realities that I would never of get to be a part of but just to understand their reality, from their point of view and their stories has been a beautiful experience. And I feel that my grandparents never had that chance, they learnt only about their own culture, whereas I got to learn about not only about my own Black culture but of other cultures as well.”*

Participants gave examples of stories that they heard from their grandparents about what life was like during Apartheid as well:

*Participant B: “Ah well. During Apartheid, it was very tough for them as I heard from my grandparents’ side about how they were treated and stuff like that, so I guess that we have to be grateful for democracy because I have more opportunities in democracy to better myself. So, it’s a much more better and you have more freedom.”*

*Participant F: “I think I have it way better than what my grandparents had. I have more opportunities and obviously, freedom. They unfortunately were treated unfairly and had absolutely no choices in anything in their lives. I am able to study what I want to study and interact with people from all race groups and learn from them as well.”*

However, one participant did have a negative response which included, difficulty getting jobs, unable to start own businesses and getting funding for start-ups which he stated was based on skin

colour:

*Participant A: "I feel it's much more harder for us. Like when Apartheid finished it was easier to get jobs, the economy was doing well, and it was growing. Now, the economy isn't growing well. Like when you apply for a job it's still based on the colour of your skin. From an Indian point of view, it's like we are the last choice as opposed to other people. If you want to start a business, it's difficult to get funding and jobs are not readily available. You have to work even harder and be stronger than everyone in order to succeed."*

These views by the participants linked to the next sub-theme which seemed to inform, shape and have some influence on their perceptions of Apartheid and its laws.

#### **4.4.4 Views on Apartheid and its laws**

The participants were very vocal in their disapproval of Apartheid and its laws. The participants' views ranged from, it was a very unfair system that should have been gone long time ago, to it being a system that was disrespectful and hurtful, and with it being viewed with disgust and contempt:

*Participant B: "I personally feel that it was very wrong. Like it shouldn't of even been there and you know, but I guess it was something that came with that era, at that time. And it should have been abolished much more sooner I feel. Yeah, so. Apartheid was wrong and that's my personal view."*

*Participant F: "It was a terrible, disrespectful and horrible thing that never should have existed in the first place. The laws were brutal, and the fact that there was no freedom of any kind, and if you did one wrong thing you would be beaten up or thrown in jail just because of the colour of your skin is just horrible."*

*Participant C: "Disgusting is an understatement. Uhm, I truly cannot believe how they thought some people were pure that certain people, that people's abilities were based on their skin colour. For me it's like patriarchy how some people believe that somebody can do something or better than someone else based on their genitals. I truly don't understand how we based someone's worth based on your skin colour. I don't think God, when He was giving out abilities, He prioritised someone's skin colour. I think we are so much more deeper than our skin colour we are so... I mean our souls are much more than our skin colour. So, for me it annoys me to the core that, that system grouped people based on their skin colour. And treated people unfairly on their skin colour and had nothing to do with their abilities and had nothing to do with them being good people in society. Literally people were being punished for being Black and I truly hate it with every fibre of my body."*

The participants views and perceptions on Apartheid and its laws can therefore be linked to the active participation of them in their social environments and cultures in terms of their historical and cultural settings, which incorporates their own experiences and their daily social lives (Scott &

Palincsar, 2013).

This can be further explained when the participants were asked question 28:

*Abhishta Basdeo: "Do you think that the Apartheid regime and its laws still have an effect on young South Africans who have never experienced it?"*

Participants responded that the effects of Apartheid still linger and have an impact on those who have never experienced Apartheid. Participants expressed concerns regarding youth unemployment, political instability, racism and social injustices that are remnants of Apartheid. With many expressing that South Africans are still healing from Apartheid and are still angry; thereby impacting all South Africans:

*Participant B: "I guess so because there is a great imbalance amongst the race groups. Because Apartheid has caused a whole bunch of problems and there is still this great imbalance even though there is no Apartheid. We see it in our politics especially."*

*Participant C: "Absolutely, from my point of view or from an economy side, a lot of young people are unemployed, they don't have access to education or the issue that the economy is still controlled by White people especially big spaces that can be transformative. As much as we are free, the people who oppressed us are still the people who are holding the keys now. So not much change in terms of that. I think there can be real change once more black people occupy those spaces. But yes, Apartheid still affects us."*

#### **4.5 Mental Health and Apartheid**

This theme was divided into three sub-themes that helped the researcher understand the participants' views on mental health and the Apartheid regime with references to all the previous themes.

Firstly, question 27: 'Do you think that your views and understanding of the Apartheid regime have affected your mental health?' Three participants expressed that Apartheid hasn't personally affected their mental health:

*Participant B: "No, no, not really. Because, I mean, I'm already born in freedom, so I don't have no effect, but I don't know if there is any, to be honest."*

*Participant E: "I think because it hasn't affected me personally there isn't much of an impact."*

*Participant F: "Personally no, because I never lived during that time."*

Whereas, participant A and C has expressed that it has affected them in certain ways:

*Participant A: "Yeah, I guess so. Because of our parents telling us that we have to work harder than everyone else, that we need to get the best jobs. They don't realise how difficult it is in that sense."*

*Participant C: "So, sometimes and it's in relation or instances when I did not get a job or get a job in something that I wanted. Uhm, again to answer your question not directly. So, those instances when I did not get a job or in moments when I think I deserved to get the job; or when I was treated unfairly or when I was dismissed unfairly when I was trying to give my opinion. Basically, something happened that I did not appreciate, and if someone from a different race, sometimes, the thought of maybe because I'm Black comes on. And then I think 'oh what do I do now because I can't change being black.' So, whatever I'm feeling at that time becomes worse because of that. It makes it difficult to overcome those instances especially if it's caused by race, as it's something that I can't change."*

It should also, be noted that both Participant A and C express how unemployment and not getting jobs has been related to the decline in their mental health, as well as that both participants are male. This, therefore, brings to the forefront the effects of unemployment on mental health and the role of gender in terms of unemployment and mental health, which needs to be explored in future studies.

Secondly, question 29: 'What do you think will help younger generations to have a better outlook on mental health?' Participants expressed the need for school integrated mental health initiatives such as guidance counsellors, the use of social media in spreading awareness of mental health importance and disorders, and even relating back to the first theme, living an active and healthy lifestyle.

*Participant A: "Talking about it. Spread the word about different types of mental health issues. Like telling people about the ways to identify them even themselves, that they might not know of, talking to people and putting it on social media, things like that."*

*Participant B: "I guess that they need to start to educate themselves. The schooling system has to have a more better system or educate children on how to be happy and to find ways in order to destress and relax. They need to be more active in schools as well. And when something goes wrong, they have nothing else to fall back on. The schooling system, especially in the public systems need to bring back sport, this can also create more discipline as well, cause there is a major lack of discipline and can also cause a major hit on mental health. Cause you think that everything you are doing is right, but the world doesn't work like that."*

*Participant C: "Absolutely, from my point of view or from an economy side, a lot of young people are unemployed, they don't have access to education or the issue that the economy is still controlled by White people especially big spaces that can be transformative. As much as we are free, the people who oppressed us are still the people who are holding the keys now. So not much change in terms of that. I think there can be real change once more Black people occupy those spaces. But yes, Apartheid still affects us."*

*Participant E: “I think educated more on it. Understand that everyone has different personalities, and each person is coming from different backgrounds not just financially but also, mentally. And each person is going through something like your problem maybe big but there is someone out there with a bigger problem. So, we need to be mindful, respectful, and educated to learn how to be supportive of people.”*

*Participant F: “I think that there needs to be subjects on mental health taught in schools from, like, primary school. Also, communities need to have mental health programs in place especially, disadvantaged communities, where mental health services can be more assessable for poor people. Maybe, even using social media to promote it as well.”*

Thirdly, question 31: ‘Do you think that as a nation we can better our mental health by ignoring the past or by finding solutions for history to not repeat itself?’ Five of the participants said that ‘finding solutions for history to not repeat itself’ was important in ensuring the improvement of mental health as a nation. With participant C expressing that:

*Participant C: “I don’t think ignoring the past is a good thing because I don’t think forgiveness based on us ignoring is a good coping mechanism. I think it’s important to look at what happened and why it happened, perhaps then we can move on from that. We need to understand the reasons of why it happened for it not to happen again. We can’t ignore it because it is part of our identity as South Africans.”*

While participant B said that:

*Participant B: “I believe in forgetting even though we can't, especially for some people, it’s hard to forget the past. But it’s the only way we can move forward. We keep making excuses about Apartheid and that is what is currently happening and for people’s current behaviour, no matter their race, or Apartheid and we have to forgive and forget. Or it will become more painful and make healing even worse for us as a country.”*

Each of the participants answers correlated with the need for lifestyle changes, more community-based initiatives, more accessible mental health care services and school taught mental health care curriculums as ways to ensure better mental health for the whole nation.

## **4.6 Thoughts on topic**

Lastly, the thoughts on the topic of mental health in a post-apartheid and post-colonial South Africa according to the participants:

*Participant A: “it made me a bit sad. But it helped me see things in a different light. I thought that my views came to the surface and perhaps help other people see things in my point of view as well.”*

*Participant B: “No, it has affected me positively because it made me realise so much things that are happening in our country and it's brought up new things that we could be doing especially in terms of having solutions to some problems in our country and what we as young people could do to help.”*

*Participant C: “I think it’s interesting as I’ve never really looked at the Apartheid regime from a personal perspective. I’ve always looked at it as a collective or from a collective perspective. Now I looked at it from how did it personally affect me so it was interesting to unpack it as an individual. Also, it made me think about things that I never thought about like my mental health and whether Apartheid has affected that in any way. Like looking at it as a young Black man and who has some sort of mental issues how has it affected you, it was yeah, eye-opening to unpack it at that level and in that context.”*

*Participant D: “My thoughts on the topic is that it is about physical or mental wellness.”*

*Participant E: “I think it’s a good aspect because the youth needs to be equipped. And with equipping the youth we have no future.”*

*Participant F: “I think it was really interesting to think about Apartheid and mental health. I never thought about it before, but it has been really interesting and informative.”*

The importance of participant feedback gives the research study reliability, can assist with seeing new data emerge and provide participants with dynamic experiences (Slettebø, 2021). This can be seen with the above participant feedbacks, when many noted that they never thought of looking at Apartheid in relation to their own mental health or their families’ views on Apartheid and mental health, with some participants looking at the study and the questions in a way that would help future generations in bettering themselves and the country.

As the researcher, asking the questions, listening to the answers, transcribing the data and going over everything, felt rewarding in the sense that I was able to understand the communities that I grew up in a bit more and see their points of view with these topics. Therefore, the conclusion of this research study will evaluate the entire process by summarizing, discussing the limitations of the study and providing recommendations for future studies.

## **CHAPTER 5** **Conclusion**

### **5.1 Introduction**

The aim of this research study was to explore the impact that Apartheid and Colonialism has had on the mental health of young adults living in iLembe district in KwaZulu-Natal; particularly

focusing on the communities of Shakaskraal and Groutville.

The study also aimed to explore the lived experiences of young adults in the iLembe District in KwaZulu-Natal, focusing on those living in the Shakaskraal and Groutville communities, in terms of their mental health. The use of the descriptive-interpretive paradigm focused on the lived experiences of the young adults from the Shakaskraal and Etete communities that were explored through telephonically audio recorded interviews, which brought to the forefront the four main themes that were discovered, namely: Lifestyle and mental health of participants; Mental Health understandings; Apartheid understandings; and Mental health and Apartheid.

The participants' experiences were related to the sociocultural theory and Ubuntu-Botho approach in terms of their lived experiences and their mental health (Anh & Marginson, 2013) as an active participant in the community and, through social, structural and historical environments, form part of the participants' views and perceptions (Scott & Palincsar, 2013). The summary below discusses the main findings.

## **5.2 Summary of main findings**

From the discourse above it was evident that there was an impact of a post-apartheid and post-colonial democratic society on the young adults of today in terms of their mental and emotional health.

The participants expressed that there is an impact in terms of their mental and emotional wellbeing with regards to being in a post-apartheid and post-colonial South Africa. The emphasis was on understanding how their lived experiences had affected their mental health. The changes in their lifestyles from children to adults has affected some participants more than others, while close relationships of the participants remained an important part in their lives and assisted them in terms of their mental health.

The participants had a general understanding of what mental health was with emphasis on being adaptable to situations that arise in life and how people cope with that. Many participants did not see or visit mental health professionals, with the exception of three - with one participant only going once for a session. But all of the participants had heard of mental health care professionals and spoke of the importance that mental health has in their lives and those around them. Some participants also indicated that their loved ones knew of the importance of mental health or knew of mental health but did not prioritise it. With one participant saying that his loved ones did not think mental health is important.

The participants also described their communities as being not supportive and view people with

mental disorders with skepticism and therefore, many people, especially young adults in the communities, do not seek professional help. However, one participant did say that her community and family is supportive. An interesting trend emerged which pointed out the use of substances such as drugs and alcohol as a coping mechanism for mental health, thereby, begging the questions: ‘Is substance abuse mostly prevalent in the South African Indian community?’ and ‘Is the use and abuse of substances such as drugs and alcohol a coping mechanism for mental disorders such as depression and anxiety in the South African Indian community?’

Thereafter, participants reported that their communities’ view on mental health is in some way influenced by Apartheid. And while one participant answered no to the question; the answer lines up to what the participants who agreed on it said about mentality and outlook, and inability to change mindsets. The participants view and understanding of Apartheid was relatively the same with the regime being looked at with contempt as well as its laws.

When asked about growing up in democracy as opposed to Apartheid, five of the participants responded positively, with one participant responding negatively. While, for the effects of Apartheid on the youth and on the country as a whole, the participants agreed that there are serious impacts and effects on the nation in terms of unemployment, violence and other social injustices.

Talking about mental health and Apartheid, participants had reported a mixture of responses with regards to Apartheid affecting their mental health. With the two that reported that it had, speaking specifically about employment issues. Thereafter, all the participants reported that mental health initiatives need to be taught at school, communities need more mental wellbeing programmes and social media can be used to assist in spreading awareness of mental health in their communities. The participants also spoke about the importance of ‘finding solutions for the past to not repeat itself’ as a way for the nation to heal mentally, with one participant saying that ‘forgetting the past’ can also be a way of healing in terms of our mental health as a nation.

The use of the sociocultural theory and Ubuntu-Botho approach assisted in correlating the views and opinions of the participants with their identity as individuals in their community that engage and learn from one another as a way of developing their mental and emotional wellbeing.

### **5.3 Recommendations**

In order for future studies to continue the research that was conducted in this study, it is important to note the following recommendations:

Through the course of this research study, it became apparent to look at the impact of lifestyle factors of participants and compare these factors with that of their childhood and adult lifestyles.

Further, asking about their mental health diagnosis is something that should also be looked at because it can assist the research with focusing on what are the major mental health disorders in the communities and perhaps the reasoning for them.

The second recommendation is that there needs to be a more larger sample pool of the participants in the area, and perhaps increasing the age groups or even lowering the age groups of the participants. It is also recommended that participants are asked about the mental health treatment they received and the frequency of it. Also, the role of gender as well as race, on mental and emotional health should be more thoroughly explored.

Lastly, there needs to be a collaboration of research methods such as quantitative and qualitative. The use of quantitative research methods would assist with the large sample pool, while the use of qualitative research methods could utilise a more focus group orientated approach to the study. This could also help with creating a more complex and descriptive rich data set.

#### **5.4 Limitations**

This research study had a number of limitations, as the COVID-19 pandemic, the July 2021 riots and the 2022 April floods had serious implications on time limits and even with interacting with the participants face-to-face. The time limits were a cause of concern for the study as the researcher had experienced personal setbacks as well which affected the frequency of contact between the supervisor and researcher.

And lastly, one of the participants was unable to complete the entire interview scheduled, but had given permission to the researcher to use whatever answers were given prior to withdrawing from the study. This was an unforeseen circumstance and due to time limits as well, this gave way to inaccurate representation in the study.

However, with the remaining participants the researcher was able to finish the thesis timeously and still utilised the participants' answers - the ones that were answered and relevant to the study. Therefore, the findings have been more restricted in its presentation.

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## **APPENDIX A** **Information sheet**



**SCHOOL OF SOCIAL SCIENCES**

**APPENDIX A: INFORMATION SHEET**

**Title of study:**

An Exploration of Mental Health in Post-Colonial Times: Perspectives from a selected sample of community members within iLembe district in KwaZulu-Natal.

Dear Mam/Sir

My name is Abhishta Basdeo, I am a Master of Social Sciences in Psychology candidate at the University of KwaZulu-Natal, Howard College, Durban. I am conducting a research study on the mental health ethics in a post-colonial South Africa on people from the iLembe district. The research study aims to learn about the personal experiences of individuals and how it has affected their mental health growing up in a post-colonial and post-apartheid South Africa.

Therefore, I would like to invite you to participate in this research study. The research study will involve the following procedures that would require your participation namely:

- An interview schedule will then be set up at the most convenient time for you.
- The interview will take a maximum of 40 minutes depending on the questions and answers.
- The type of questions that will be asked during the interview will be semi-formal; this means that it will be more of a conversation between the researcher and participant
- Once the interview has been completed, if you would like to have a copy of your answers please feel free to ask me.
- Please note that I will ask you if you are comfortable with me recording the interview, this is mainly because I want to ensure that the information I am collecting is concise with the answers that the participant has given.
- Please note that should you have data or travelling expenses due to your participation in the study, the researcher will compensate you for them.

The risks of being involved in the study: there are no serious risks involved in partaking in the study. However should you feel uncomfortable or uncertain about the questions being asked or you feel overwhelmed you have the complete right to withdraw from the study and whatever answers you have provided will not be used in the study. If you feel stressed or

might find the process traumatic please let the researcher know, and the researcher will stop the interview immediately.

Also, please indicate to the researcher if you would need counselling after the session. And please indicate if you would be comfortable speaking to a mental healthcare professional.

The benefits of being involved in the study: the aim of this study is to form part of a larger and long-term conversation and research that will hopefully benefit future generations in terms of mental health and living in a post-apartheid South Africa. There are no immediate benefits to participating in the study. However, it can help future researchers and participants when dealing with a similar topic and be used as references.

**PARTICIPATION IS VOLUNTARY**, this means that as a potential participant you have the right to partake or withdraw from the study at any given time. You also have the right to remain anonymous.

With regards to being recorded during the interview, you will be asked if you are comfortable with being recorded on the ZOOM meeting, WhatsApp Video Call or face-to face with a cellphone sound recorder. The recording is only for the researcher as an effective tool for collecting data and will not be shown to anyone else besides the researcher.

However, it is up to the participant to grant permission for the use of the recording device and the participant may at any given time decline to have the session recorded.

The contact details of the researcher:  
**ABHISHTA BASDEO**

Email: [abhishtabasdeo0689@gmail.com](mailto:abhishtabasdeo0689@gmail.com)  
Alternate email: [217008098@stu.ukzn.ac.za](mailto:217008098@stu.ukzn.ac.za)  
Cellphone number: 071 609 7701

The contact details of the supervisor:  
**ZININZI BOMOYI**

Email: [BomoviZ@ukzn.ac.za](mailto:BomoviZ@ukzn.ac.za)  
Cellphone: 060 347 9489

The contact details for the Human Social Sciences Research Ethics Committee are:  
[HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za) or 031 260 4557/3587/8320.

Thank you for your time in reading this information sheet regarding the research study. Should you choose to participate in the study please complete the consent form on the next page and email it to Abhishta Basdeo on the following email address: [abhishtabasdeo0689@gmail.com](mailto:abhishtabasdeo0689@gmail.com) or [217008098@stu.ukzn.ac.za](mailto:217008098@stu.ukzn.ac.za)

Please ensure that the researcher has given you a copy of this information sheet and the consent form for ethical purposes.

Kind regards,  
Abhishta Basdeo.

**APPENDIX B**  
**Consent form and Declaration**



**SCHOOL OF SOCIAL SCIENCES**

**APPENDIX B: CONSENT FORM**

Please read and understand the following statement before filling in, signing, and returning the form.

**Informed Consent Document**

Dear Participant,

My name is...Abhishta Basdeo.. (217008098). I am a Masters candidate studying at the University of KwaZulu-Natal, Howard College. The title of my research is: An Exploration of Mental Health in Post-Colonial Times: Perspectives from a selected sample of community members within iLembe district in KwaZulu-Natal.

The aim of the study is to explore the mental and emotional experiences in post-colonial times of the people living in the iLembe district particularly the communities of Groutville and Shakaskraal, focusing on both the youth of the area and their parents. I am interested in interviewing you so as to share your experiences and observations on the subject matter.

Please note that:

- The information that you provide will be used for scholarly research only.
- Your participation is entirely voluntary. You have a choice to participate, not to participate or stop participating in the research. You will not be penalized for taking such an action.
- Your views in this interview will be presented anonymously. Neither your name nor identity will be disclosed in any form in the study.
- The interview will take about 40 minutes.
- The record as well as other items associated with the interview will be held in a password-protected file accessible only to myself. Any personal information pertaining to you as the participant will be deleted immediately once the research study has concluded.

- If you agree to participate please sign the declaration attached to this statement (a separate sheet will be provided for signatures)

I can be contacted at: School of Social Sciences, University of KwaZulu-Natal, Howard College Campus, Durban. Email: [217008098@stu.ukzn.ac.za](mailto:217008098@stu.ukzn.ac.za) .  
Cell: 071 6097701.

My supervisor is ZININZI BOMOYI who is located at the School of Social Sciences, Howard College Campus, Durban of the University of KwaZulu-Natal.

Contact details: Email: [BomoviZ@ukzn.ac.za](mailto:BomoviZ@ukzn.ac.za) Phone number: 060 347 9489  
The Humanities and Social Sciences Research Ethics Committee contact details are as follows: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za) or 031 260 4557/3587/8320.

Thank you for your contribution to this research.

#### DECLARATION

I..... *(full names of participant)* hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire. I understand the intention of the research. I hereby agree to participate.

I consent / do not consent to have this interview recorded (if applicable)

SIGNATURE OF PARTICIPANT

DATE

.....

**APPENDIX C**  
**Information sheet**  
**(isiZulu translation)**



UNIVERSITY OF <sup>TM</sup>  
**KWAZULU-NATAL**  
INYUVESI  
**YAKWAZULU-NATALI**

**Isikole Sesayensi Yezenhlalo**

**Isithasiselo A: Ishidi lolwazi**

**Isihloko sokufunda:**

Ukuhlolwa Kwezimilo Zempilo Yengqondo Izikhathi Zangemva Kobukoloni: Imibono evela kwisampula ekhethiwe yamalungu omphakathi esifundeni iLembe KwaZulu-Natal.

Mam/Mnunzane othandekayo

Igama lami ngingu-Abhishta Basdeo, ngingeziqu ze-Master of Social Sciences kuPsychology eNyuvesi yaKwaZulu-Natal, eHoward College, eThekwini. Ngenza ucwaningo ngokuziphatha kwezempilo yengqondo eNingizimu Afrika yangemva kobukoloni kubantu abavela esifundeni iLembe. Ucwaningo locwaningo luhlose ukufunda mayelana nezigigaba zomuntu ngamunye kanye nokuthi ziyithinte kanjani impilo yabo yengqondo bekhulela eNingizimu Afrika yangemva kobukoloni nangemva kobandlululo.

Ngakho-ke, ngithanda ukukumema ukuthi ubambe iqhaza kulolu cwano. Ucwaningo locwaningo luzobandakanya izinqubo ezilandelayo ezingadinga ukuthi ubambe iqhaza okuyilezi:

- Uhlelo lwenhlokhono luzobe selusethwa ngesikhathi esikulungele kakhulu.
- Inhlokhono izothatha imizuzu engama-40.
- Uhlobo lwemibuzo oluzobuzwa ngesikhathi senhlokhono luzoba oluhlelekile; lokhu kusho ukuthi kuzoba yingxoxo enkulu phakathi komcwaningi nomhlanganyeli
- Uma inhlokhono isiqediwe, uma ungathanda ukuba nekhophi yezimpendulo zakho ngicela ukhululeke ukungibuza.
- Ngicela uqaphele ukuthi ngizokubuza ukuthi ukhululekile yini ukuthi ngiqophe inhlokhono, lokhu ikakhulukazi ngoba ngifuna ukuqinisekisa ukuthi ulwazi engiluoqayo luhambisana nezimpendulo ezinikezwe umhlanganyeli.
- Sicela wazi ukuthi uma unedatha noma izindleko zokuhamba ngenxa yokubamba kwakho iqhaza ocwaningweni, umcwaningi uzokunxephezela ngazo.

Ubungozi bokubandakanyeka ocwaningweni: azikho izingcuphe ezingathi sina ezihlelekile ekubambeni iqhaza ocwaningweni. Kodwa-ke uma uzizwa ungakhululekile noma ungaqinisekile ngemibuzo ebuzwayo noma uzizwa ucindezekile unelungelo eliphelele

lokuhoxa ocwaningweni futhi noma yiziphi izimpendulo ozinikezile ngeke zisetshenziswe ocwaningweni. Uma uzizwa ucindezelekile noma ungase uthole ukuthi inqubo ihlukumeza sicela wazise umcwaningi, futhi umcwaningi uzoyimisa inhlolekhono ngokushesha.

Futhi, sicela ubonise umcwaningi uma uzodinga ukwelulekwa ngemva kweseshini. Futhi sicela ubonise ukuthi ungakhululeka yini ukukhuluma nochwepheshe bezempilo yengqondo.

Izinzuzo zokubamba iqhaza ocwaningweni: inhloso yalolu cwango wukuba yingxenywe yengxoxo nocwaningo lwesikhathi eside esithemba ukuthi luzohlomulisa izizukulwane ezizayo mayelana nempilo yengqondo futhi eziphila eNingizimu Afrika yangemva kobandlululo. Azikho izinzuzo ezisheshayo zokubamba iqhaza ocwaningweni. Nokho, ingasiza abacwaningi bakusasa nabahlanganyeli lapho bedingida isihloko esifanayo futhi isetshenziswe njengezinkomba.

UKUBAMBA IQHAMBAMBA NGOKUZITHANDELA, lokhu kusho ukuthi njengongaba umhlanganyeli unelungelo lokuhlanganyela noma lokuhoxa ocwaningweni nganoma yisiphi isikhathi. Futhi unelungelo lokuhlala ungaziwa.

Mayelana nokuqoshwa ngesikhathi senhlolekhono, uzobuzwa ukuthi ukhululekile yini ngokuqoshwa emhlanganweni we-ZOOM, i-WhatsApp Video Call noma ubuso nobuso nesiqophamazwi seselula. Ukurekhodwa okomcwaningi kuphela njengethuluzi elisebenzayo lokuqoqa idatha futhi ngeke kukhunjiswe kunoma ubani omunye ngaphandle komcwaningi.

Kodwa-ke, kukumbambi qhaza ukuthi anikeze imvume yokusebenzisa idivayisi yokurekhoda futhi umhlanganyeli angenqaba nganoma isiphi isikhathi ukuthi isikhathi sirekhodwe.

Imininingwane yokuxhumana yomcwaningi: Imininingwane yokuxhumana yomphathi:

ABHISHTA BASDEO

ZININZI BOMOYI

I-imeyili: [abhishtabasdeo0689@gmail.com](mailto:abhishtabasdeo0689@gmail.com)

I-imeyili: [BomoviZ@ukzn.ac.za](mailto:BomoviZ@ukzn.ac.za)

Enye i-imeyili: [217008098@stu.ukzn.ac.za](mailto:217008098@stu.ukzn.ac.za)

Umakhalekhukhwini: 060 347 9489

Inombolo yocingo: 071 609 7701

Imininingwane yokuxhumana neKomidi leZimilo loCwaningo lweHumanities and Social Sciences imi kanje:

[HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

031 260 4557/3587/8320

Siyabonga ngesikhathi sakho sokufunda leli phepha lolwazi mayelana nocwaningo locwaningo. Uma ukhetha ukubamba iqhaza ocwaningweni sicela ugcwalise ifomu lemivume ekhasini elilandelayo bese ulithumela nge-imeyili ku-Abhishta Basdeo kuleli kheli le-imeyili elilandelayo: [abhishtabasdeo0689@gmail.com](mailto:abhishtabasdeo0689@gmail.com) noma [217008098@stu.ukzn.ac.za](mailto:217008098@stu.ukzn.ac.za)

Sicela uqinisekise ukuthi umcwaningi ukunike ikhophi yaleli phepha lolwazi kanye nefomu lemivume ngezinjongo zokuziphatha.

Ozithobayo,  
Abhishta Basdeo.

**APPENDIX D**  
**Consent form and Declaration**  
**(isiZulu translation)**



**Isikole Sesayensi Yezenhlalo**

**ISITHASISELO B: IFOMU LEMVUME**

Sicela ufunde futhi uqonde isitatimende esilandelayo ngaphambi kokugcwalisa, ukusayina, nokubuyisela ifomu.

**Idokhumenti Yemvume Enolwazi**

Mhlanganyeli Othandekayo,

Igama lami ngingu...Abhishta Basdeo.. (217008098). Ngingumfundi we-Masters ngifunda eNyuvesi yaKwaZulu-Natal, eHoward College.

Isihloko socwaningo lwami sithi: Ukuhlolwa Kwezimiso Zempilo Yengqondo Izikhathi Zangemva Kobukoloni: Imibono evela kusampula ekhethiwe amalungu omphakathi esifundeni iLembe KwaZulu-Natal.

Inhloso yalolu cwaningo ukuhlola izimo zengqondo nemizwa ngezikhathi zangemva kokubusa kwamakholoni abantu abahlala esifundeni iLembe ikakhulukazi imiphakathi yaseGroutville naseShakaskraal, kugxilwe entsheni yendawo nabazali bayo. Nginentshisekelo yokuxoxisana nawe ukuze ngabelane ngolwazi lwakho kanye nokuphawulile ngesihloko.

Sicela uqaphele ukuthi:

- Ulwazi olunikezayo luzosetshenziselwa ucwaningo lwezifundo kuphela.
- Ukuhlanganyela kwakho kungokuzithandela. Unokukhetha ukubamba iqhaza, hhayi ukubamba iqhaza noma ukuyeka ukubamba iqhaza ocwaningweni. Ngeke ujeziswe ngokwenza izenzo esinjalo
- Imibono yakho kule nhloko izokwethulwa ngokungaziwa. Igama lakho noma ubuwena ngeke kudalulwe nganoma iyiphi indlela ocwaningweni.

- Inhlolokhono izothatha imizuzu engama-40.
- Irekhodi kanye nezinye izinto ezihlobene nenhlolokhono zizogcinwa efayeleni elivikelwe ngephasiwedi elifinyeleleka kimina kuphela nabaphathi bami. Noma yiluphi ulwazi lomuntu siqu oluphathelele nawe njengomhlanganyeli luzosuswa ngokushesha uma ucwaningo seluphuthuliwe.
- Uma uvuma ukubamba iqhaza sicela usayine isimemezelo esinamathiselwe kulesi sitatimende (iphepha elihlukile lizonikezwa ukuthi lisayinwe)

Ngingathintwa kwa: School of Social Sciences, University of KwaZulu-Natal, Howard College Campus, Durban. I-imeyili: [217008098@stu.ukzn.ac.za](mailto:217008098@stu.ukzn.ac.za). Ucingo: 071 6097701.

Umpathi wami uZININZI BOMOYI ofunda eSchool of Social Sciences, Howard College Campus, eThekwini eNyuvesi yaKwaZulu-Natal.  
Imininingwane yokuxhumana: I-imeyili: [BomoviZ@ukzn.ac.za](mailto:BomoviZ@ukzn.ac.za).  
Inombolo yocingo: 060 347 9489

Imininingwane yokuxhumana neKomidi leZimilo loCwaningo lweHumanities and Social Sciences imi kanje:  
[HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)  
031 260 4557/3587/8320

Siyabonga ngegalelo lakho kulolu cwaningo.

## ISIMEMO

Mina.....  
(amagama aphelele ababambe iqhaza) ngiyaqinisekisa ukuthi ngiyakuqonda okuqukethwe kulo mbhalo kanye nohlobo lwephrojekthi yocwaningo, futhi ngiyavuma ukubamba iqhaza kuphrojekthi yocwaningo.

Ngiyaqonda ukuthi ngikhululekile ukuthi ngihoxe kuphrojekthi noma kunini, uma ngifisa kanjalo. Ngiyayiqonda inhloso yocwaningo. Ngiyavuma ukubamba iqhaza.

Ngiyavuma / angivumi ukuthi le nhlolokhono irekhodwe (uma ikhona)

ISIGINISHA YOMHLANGANISI:

Isayinwe Ngalolu Suku:

.....

## APPENDIX E

### Interview questions



#### SCHOOL OF SOCIAL SCIENCES

#### APPENDIX C: INTERVIEW QUESTIONS FOR RESEARCH

#### PARTICIPANTS

Dear participant

Thank you once again for participating in this research study, your participation is valuable in this research study. Please note that you may withdraw from the study at any time should you not feel comfortable.

Below are the questions that the researcher will ask you with regards to the study. The first set of questions (1-4) will be asked in a questionnaire format to assist the researcher in organizing and sorting out the data collected during the study. Please indicate with an 'X' next to the answer suitable to you.

The rest of the questions (5-32) deal with personal views, opinions, and data from You the participant. The information provided will be confidential and should you require the full copy of your answers, feel free to contact the researcher.

1. I am a South African Citizen

Yes	No
-----	----

2. My age category is

18-20	21-23	24-26	27-30	Other
-------	-------	-------	-------	-------

3. My gender is

Male	Female	Other
------	--------	-------

4. My race is

Black	Coloured	Indian	White	Other
-------	----------	--------	-------	-------

5. What is the highest form of education you received?
6. During your schooling career, did you attend a public or private primary school?
7. Did you attend a public or private high school?
8. Did you attend a public or private tertiary institution?
9. During your schooling career, did you use public or private transportation?
10. How did you travel to your tertiary institution or place of work?
11. What type of lifestyle did you lead while you were a child?
12. Currently what type of lifestyle do you lead?
13. What would you say your understanding of the words 'racial group' and 'apartheid' was when you were growing up?
14. During your schooling days, did your school comprise of children from various race groups?
15. Did your social circle in school include people of different racial groups besides your own racial group?
16. What is your current understanding of 'race' and apartheid?
17. What would you say is your understanding of 'mental health'?
18. How would you describe your mental or emotional state while growing up?

19. Have you seen or heard of mental health professionals such as psychologists, therapists, or psychiatrist?
20. If you have been for counselling with a mental health care professional, how has it affected your understanding of mental health?
21. What is your current understanding of mental health?
22. How would you describe your community's view on mental health? Can you elaborate further?
23. Do you think that your community's view on mental health is partially due to the Apartheid regime?
24. How would you describe your family and friends' view on mental health?
25. How would you describe growing up in a democratic South Africa to that of your parents or grandparents who grew up during apartheid?
26. What are your views on Apartheid and its laws?
27. Do you think that your views and understanding of the Apartheid regime have affected your mental health?
28. Do you think that the Apartheid regime and its laws still have an effect on young South Africans who have never experienced it?
29. What do you think will help younger generations to have a better outlook on mental health?
30. What would you say is the effect of Apartheid on a democratic South Africa?
31. Do you think that as a nation we can better our mental health by ignoring the past or by finding solutions for history to not repeat itself?
32. What are your thoughts on this topic?

Thank you once again for participating in this research study. Your valuable input will assist in understanding the topic better and finding long-lasting solutions to the problem at hand.

Yours sincerely,  
Abhishta Basdeo.  
(Master of Social Sciences in Psychology student)

**APPENDIX F**  
**Interview Questions**  
**(isiZulu translation)**



**Isikole Sesayensi Yezenhlalo**

**ISITHASISELO C: IMIBUZO YENGXOXO YABAHLANGANISI**

**OCWANINGO**

Siyabonga futhi ngokubamba iqhaza kulolu cwaningo, ukubamba kwakho iqhaza kubalulekile kulolu cwaningo. Sicela wazi ukuthi ungasaxa ocwaningweni nganoma yisiphi isikhathi uma ungasizwa ukhululekile.

Ngezansi imibuzo umcwaningi azoyibuza mayelana nocwaningo.

Isethi yokuqala yemibuzo (1-4) izobuzwa ngendlela yohlu lwemibuzo ukuze isize umcwaningi ekuhleleni nasekuhleleni imininingwane eqoqwe ngesikhathi socwaningo. Sicela ukhombise 'X' eduze kwempendulo ekufanele.

Eminye imibuzo (5-32) ikhuluma ngemibono yomuntu siqu, imibono, kanye nedatha evela Kuwe mbambiqhaza. Ulwazi olunikeziwe luzoba yimfihlo futhi uma udinga ikhophi ephelele yezimpendulo zakho, zizwe ukhululekile ukuxhumana nomcwaningi.

1. Ngingo wase Ningizimu Afrika

Yebo	Cha
------	-----

2. Iminyaka yami ikulesigaba

18-20	21-23	24-26	27-30	Okunye
-------	-------	-------	-------	--------

3. Ubulili bami

Owesilisa	Owesifazane	Okunye
-----------	-------------	--------

4. Uhlanga lami

UmAfrika	Enemibala	UmNdiya	Emhlophe	Okunye
----------	-----------	---------	----------	--------

5. Iliphi ibanga owascina kulona emfundweni ephakame?

6. Ekufundeni kwakho, efundweni ephansi, wafunda esikoleni esizimele noma esikoleni sahlumeni?
7. Ufunde esikoleni esizimele noma esikoleni sahlumeni imfundo yakho ephakame?
8. Wafunda imfundo wakho ephakame esikoleni esizimele noma esikoleni sahlumeni?
9. Ekufundeni kwakho, wasebenzisa ezokuthutha zangasese noma ezokuthutha zomphakathi?
10. Wawuhamba kanjani ukuya esikoleni semfundo ephakame noma endaweni yokusebenza?
11. Yayinjani indlela yokuphila ngenkathi usamncane?
12. Injani indlela yokuphila manje?
13. Usakhula, Kwaku yini ulwazi lakho ngalamagama 'iqembu iohlanga' nobandlululo?
14. Ngezinsuku zakho zimfundo, isikole sakho sasinezanje zazo zonke inhlanga?
15. Abantu owawuxolisana nabo esikoleni babekhona yin abolunye Uhlanga ngaphandle kolakho?
16. Yini okuqondayo ngalamagama 'uhlanga' 'bandlululo'?
17. Yin okuqondayo?
18. Ungayichaza kanjani impilo yakho yengqondo usakhula?
19. Ukwezwa ngodokelela abasiza ngokuhlukumezeka o kwengaondo, phecelezi (abelaphi)?
20. Uma useke wathola ukwelulekwa ngokwengwondo, kukushtntshe karyani kwakho ngalasesime?
21. Yin oyiqondayo ngokuhlukumezera ngenqondo?
22. Unsayikhaza kanjani imibono yomphakathi wakho mayelana nokuhlukumezeka kwengaondo? Chaza kabananzi?
23. Ucabansa ukuthi imibono yomphakathi wakho mayelana no kuhlukumezeka ngokwengaondo isikhathi so bendlululo sinomthele?
24. Ungayichaza uthini imibono yomndeni kanye naba njani bakho mayelana nokuhlukumezeka kwengqondo?
25. Ungayichaza kanjani indlela okhule ngayo ngesikhathi seliphelile ubandlululo ukunalena yesikhathi sogogo nomkhulu?

26. Uthini umbono wakho maycelana nobandlululo kanye nemithetho yakhona?
27. Ucabanga ukuthi imibono yakho ngolwazi lakho mayelana ngesikhathi sobandlululo sibenomthelelo ngendlela ocabanja nsayo manje?
28. Ucabanga ukuthi umbuso we-Apatheid nemithetho yawo unawo umthelela entsheni yaseNingizimu Afrika?
29. Ucabanga ukuthi yini engasiza izizukulwane ezincane ukuba zibe nombono ongcono ngempilo yengqondo?
30. Ungathi yin esawumthelelo wobandlululo kwinsizimu Afrika ensasekho ngaphansi icobazdlululo?
31. Ngabe ucabanga ukuthi njengesizwe singathuthukisa impilo yethu yengqondo ngokushaya indiva okwedule noma ngokuthola izixazululo zomlando ukuze ungaziphindi?
32. Ithini imicabango yakho ngalesisihloko?

Siyabonga futhi ngokubamba iqhaza kulolu cwaningo. Ukufaka kwakho okubalulekile kuzosiza ekuqondeni isihloko kangcono nokuthola izixazululo zesikhathi eside zenkinga obhekene nayo.

Ozithobayo,  
Abhishta Basdeo.  
(Umfundi we-Master of Social Science kuPsychology)

# APPENDIX G

## Ethics Clearance



27 July 2022

**Abhishta Basdeo (217008098)**  
School of Applied Human Sc  
Howard College

Dear A Basdeo,

**Protocol reference number: HSSREC/00004355/2022**

**Project title: An exploration of mental health in post-colonial times: Perspectives from a selected sample of community members within iLembe district in KwaZulu-Natal**

**Degree: Masters**

### **Approval Notification – Expedited Application**

This letter serves to notify you that your application received on 15 June 2022 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. **PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid until 27 July 2023.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours sincerely,



**Professor Dipane Hlalele (Chair)**

/dd

#### **Humanities and Social Sciences Research Ethics Committee**

Postal Address: Private Bag X61001, Durban, 4000, South Africa

Telephone: +27 (0)31 260 8350/4557/3587 Email: [hssrec@ukzn.ac.za](mailto:hssrec@ukzn.ac.za) Website: <https://research.ukzn.ac.za/Research-Ethics>

Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

**INSPIRING GREATNESS**

**APPENDIX H**  
**Turnitin Similarity Report**

Masters Thesis 2022

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ORIGINALITY REPORT

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